Case 18-22758 Doc 1 Filed 08/13/18 Entered 08/13/18 13:10:37 Desc Main Document Page 1 of 61

| Fill in this information to identify your case: |  |                                      |
|---|--|--------------------------------------|
| United States Bankruptcy Court for the :        |  |                                      |
| NORTHERN District of ILLINOIS (State)           |  |                                      |
| Case Number (If known):                         | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 | ☐ Check if this is an amended filing |

### **Official Form 101**

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a joint case-and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself   |                            |   |
|----|---|----------------------------|---|
|    |   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name  |                            |   |
|    | Write the name that is on your  | JoAnn                      |   |
|    | government-issued picture<br>identification (for example,<br>your driver's license or | First name                 | First name                                    |
|    | passport).  | Middle name                | Middle name                                   |
|    | Bring your picture  | McKenzie                   |   |
|    | identification to your meeting with the trustee.                                      | Last name                  | Last name                                     |
|    |   | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. | All other names you   |                            |   |
|    | have used in the last 8   | First name                 | First name                                    |
|    | years   |                            |   |
|    | Include your married or maiden names.   | Middle name                | Middle name                                   |
|    |   | Last name                  | Last name                                     |
|    |   |                            |   |
|    |   | First name                 | First name                                    |
|    |   | Middle name                | Middle name                                   |
|    |   |                            |   |
|    |   | Last name                  | Last name                                     |
| 3. | Only the last 4 digits of   |                            |   |
| ٥. | your Social Security  | XXX - XX - <u>6024</u>     | XXX - XX                                      |
|    | number or federal<br>Individual Taxpayer  | OR                         | OR  |
|    | Identification number   |                            |   |
|    |   | <b>9</b> xx - xx           | 9xx - xx                                      |
|    |   |                            |   |

Case 18-22758 Doc 1 Fil

Middle Name

Filed 08/13/18

Entered 08/13/18 13:10:37 Desc Main Page 2 of 61

Debtor 1 JoAnn Document McKenzie Page 2 of 61

Case Number (if known)

|  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |
|--|---|---|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years  Include trade names and doing business as names | Business name  Business name  EIN  EIN  | I have not used any business names or EINs.  Business name  Business name  EIN  EIN   |
| 5. Where you live  | 6750 S Prairie Avenue  Number Street  | If Debtor 2 lives at a different address:  Number Street  |
|  | Unit 2nd Floor  Chicago IL 60637  City State ZIP Code  COOK  County  If your mailing address is different from the one above, fill it in here. Note that the court will send          | City State ZIP Code  County  If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court  |
|  | Any notices to you at this mailing address.  Number Street  P.O. Box  City State ZIP Code   | will send any notices this mailing address.  Number Street  P.O. Box  City State ZIP Code   |
| 6. Why you are choosing this district to file for bankruptcy.  | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  have another reason. Explain. (See 28 U.S.C. § 1408 | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408 |

Case 18-22758 Filed 08/13/18 Doc 1

Entered 08/13/18 13:10:37 Desc Main

| Debtor | 1 |
|--------|---|

JoAnn

Middle Name

Document McKenzie

Page 3 of 61

Case Number (if known)

| Pa  | Tell the Court About You  | r Bankruptcy   | Case                    |                      |  |  |  |
|-----|---|--|-------------------------|----------------------|--|--|--|
| 7.  | The chapter of the<br>Bankruptcy Code you   |  | •                       |                      | equired by 11 U.S.C. § 342(b) for page 1 and check the appropriate |  |  |
|     | are choosing to file  | ☐ Chapter 7  |                         |                      |  |  |  |
|     | under   | ☐ Chapter 11   |                         |                      |  |  |  |
|     |   | ☐ Chap   | ter 12                  |                      |  |  |  |
|     |   | ■ Chap   | ter 13                  |                      |  |  |  |
| 8.  | How you will pay the fee  | <ul> <li>I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.</li> <li>☐ I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).</li> <li>I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.</li> </ul> |                         |                      |  |  |  |
| 9.  | Have you filed for<br>bankruptcy within the<br>last 8 years?  | □ No ■ Yes.  | District None  District | When<br>When<br>When | 01/31/2012   |  |  |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business parter, or by affiliate? | ■ No   | District                | When                 |  |  |  |
| 11. | Do you rent your residence?   | <ul> <li>No. Go to line 12</li> <li>☐ Yes. Has your landlord obtained an eviction judgment against you?</li> <li>☐ No. Go to line 12.</li> <li>☐ Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) and file it with this bankruptcy petition.</li> </ul>   |                         |                      |  |  |  |

JoAnn Document McKenzie

Debtor 1

Entered 08/13/18 13:10:37 Desc Main Page 4 of 61

Case Number (if known)

| 2.  | Are you a sole proprietor of any full- or part-time business?  A sole proprietorship is a   | ■ No.<br>□ Yes. | Go to Part 4.  Name and location of b  | ousiness        |                   |                 |       |            |
|-----|---|-----------------|--|-----------------|-------------------|-----------------|-------|------------|
|     | business you operate as an individual, and is not a separate legal entity such as   |                 | Name of business, if any   |                 |                   |                 |       |            |
|     | a corporation, partnerhsip, or LLC.  If you have more than one sole proprietorship, use a separate sheed and attach it  |                 | Number Street  |                 |                   |                 |       |            |
|     | to this petition.   |                 | City   |                 |                   |                 | State | Zip Code   |
|     |   |                 | Check the appropriate  | box to descri   | be your business  | S:              |       |            |
|     |   |                 | ☐ Health Care Busi   | ness (as defir  | ned in 11 U.S.C.  | § 101(27A))     |       |            |
|     |   |                 | ☐ Single Asset Rea   | l Estate (as d  | efined in 11 U.S. | .C. § 101(51B)) |       |            |
|     |   |                 | ☐ Stockbroker (as o  | defined in 11 l | J.S.C. § 101(53A  | ٨))             |       |            |
|     |   |                 | ☐ Commodity Broke  | er (as defined  | in 11 U.S.C. § 1  | 01(6))          |       |            |
|     |   |                 | ☐ None of the abov   | е               |                   |                 |       |            |
|     | For a definition of <i>small</i> business debtor, see 11 U.S.C. § 101(51D).   | _               | am filing under Chapter<br>the Bankruptcy Code.<br>I am filing under Chapter<br>Bankruptcy Code. |                 |                   |                 | -     |            |
| Par | t 4: Report if You Own or Ha  | ve Any Hazard   | ous Property or Any Prop   | erty That Nee   | ds Immediate At   | tention         |       |            |
| ١.  | Do you own or have any  | No.             |  |                 |                   |                 |       |            |
|     | property that poses or is alleged to pose a threat of imminent and  | Yes.            | What is the hazard?  |                 |                   |                 |       |            |
|     | indentifiable hazard to public health or safety?  |                 |  |                 |                   |                 |       |            |
|     | Or do you own any   |                 |  |                 |                   |                 |       |            |
|     | property that needs<br>immediate attention?<br>For example, do you own<br>perishable goods, or livestock<br>that must be fed, or a building<br>that needs urgent repairs? |                 | If immediate attention is  | needed, why     | is it needed?     |                 |       |            |
|     | triat needs digent repairs?   |                 | \\//i  |                 |                   |                 |       |            |
|     |   |                 | Where is the property? _   | Number          | Street            |                 |       |            |
|     |   |                 |  |                 |                   |                 |       |            |
|     |   |                 |  | City            |                   |                 | Stat  | e ZIP Code |
|     |   |                 |  |                 |                   |                 |       |            |

Case 18-22758 Doc 1

Filed 08/13/18 Document Entered 08/13/18 13:10:37 Desc Main Page 5 of 61

Debtor 1

JoAnn

Middle N

Loot Name

Case Number (if known)

Part 5:

**Explain Your Efforts to Receive a Briefing About Credit Counseling** 

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |
|---|---|
| You must check one:   | You must check one:   |
| I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.  | I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.  |
| Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.  | Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.  |
| I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.   | ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.   |
| Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.   | Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.   |
| I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.   | I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.   |
| To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.  | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.  |
| Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.  Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. | Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.  Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. |
| I am not required to receive a briefing about credit counseling because of:   | I am not required to receive a briefing about credit counseling because of:   |
| Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.  | Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.  |
| Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.  | Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.  |
| Active duty. I am currently on active military duty in a military combat zone.  | Active duty. I am currently on active military duty in a military combat zone.  |

If you believe you are not required to receive a briefing about credit counseling, you must file a

motion for waiver of credit counseling with the court.

If you believe you are not required to receive a

briefing about credit counseling, you must file a

motion for waiver of credit counseling with the court.

Case 18-22758 Doc 1

Filed 08/13/18

Entered 08/13/18 13:10:37 Page 6 of 61

Desc Main

Debtor 1

JoAnn

Middle N

Document McKenzie

Case Number (if known)

| Pa   | Answer These Questions  | for Reporting Purposes  |  |   |  |  |
|------|---|---|--|---|--|--|
| 116. | What kind of debts do<br>you have?  | <ul> <li>16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."</li> <li>No. Go to line 16b.</li> <li>Yes. Go to line 17.</li> <li>16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.</li> <li>No. Go to line 16c.</li> <li>Yes. Go to line 17.</li> <li>16c. State the type of debts you owe that are not consumer debts or business debts.</li> </ul> |  |   |  |  |
| 17.  | Are you filing under Chapter 7?   | No. I am not filing under Ch  | napter 7. Go to line 18.   |   |  |  |
|      | Do you estimate that after<br>any exempt property is<br>excluded and<br>administrative expenses<br>are paid that funds will be<br>available for distribution<br>to unsecured creditors? |   | er 7. Do you estimate that after any exempt<br>es are paid that funds will be available to distr   |   |  |  |
| 18.  | How many creditors do you estimate that you owe?  | ■ 1-49<br>□ 50-99<br>□ 100-199<br>□ 200-999   | ☐ 1,000-5,000<br>☐ 5,001-10,000<br>☐ 10,001-25,000   | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than 100,000  |  |  |
| 19.  | How much do you estimate your assets to be worth?   | □ \$0-\$50,000 □ \$50,001-\$100,000 ■ \$100,001-\$500,000 □ \$500,001-\$1 million   | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million  | ☐\$500,000,001-\$1 billion ☐\$1,000,000,001-\$10 billion ☐\$10,000,000,001-\$50 billion ☐More than \$50 billion   |  |  |
| 20.  | How much do you estimate your liabilities to be?  | □ \$0-\$50,000<br>□ \$50,001-\$100,000<br>■ \$100,001-\$500,000<br>□ \$500,001-\$1 million  | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million  | ☐\$500,000,001-\$1 billion ☐\$1,000,000,001-\$10 billion ☐\$10,000,000,001-\$50 billion ☐More than \$50 billion   |  |  |
| Pa   | rt 7: Sign Below  |   |  |   |  |  |
| =or  | you   | correct.  If I have chosen to file under Chap of title 11, United States Code. I u under Chapter 7.  If no attorney represents me and I this document, I have obtained an I request relief in accordance with I understand making a false stater  | I declare under penalty of perjury that the infector of the period of th | ole, under Chapter 7, 11,12, or 13 pter, and I choose to proceed  not an attorney to help me fill out 2(b).  pecified in this petition.  y or property by fraud in connection |  |  |
|      |   | /s/ JoAnn McKenzie Signature of Debtor 1  | Signa  | ature of Debtor 2   |  |  |
|      |   | Executed on08/09/2018   |  | cuted on  |  |  |

Case 18-22758 Doc 1 Filed 08/13/18 Entered 08/13/18 13:10:37 Desc Main Document Page 7 of 61

Debtor 1 JoAnn Document McKenzie Page 7 01 61

First Name Middle Name Last Name Page 7 01 61

Case Number (if known)

For your attorney, if you are represented by one

if you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| Date     |                           |   |
|----------|---------------------------|---|
|          | MM / DD / YYY             | Y   |
|          |                           |   |
|          |                           | _   |
|          |                           |   |
|          |                           | <del></del>                                     |
|          |                           |   |
|          |                           |   |
|          |                           | _   |
| IL       | 60603                     |   |
| State    | ZIP Code                  | _   |
| Email ad | <sub>dress</sub> ndil@ger | acilaw.com                                      |
| IL       |                           |   |
| _        |                           |   |
|          | State<br>Email ad         | IL 60603  State ZIP Code  Email addressndil@ger |

Case 18-22758 Doc 1 Filed 08/13/18 Entered 08/13/18 13:10:37 Desc Main Document Page 8 of 61

| Fill in this in        | nformation to ider  |                                      |                  |  |
|------------------------|---------------------|--------------------------------------|------------------|--|
| Debtor 1               | JoAnn               |                                      | McKenzie         |  |
|                        | First Name          | Middle Name                          | Last Name        |  |
| Debtor 2               |                     |                                      |                  |  |
| (Spouse, if filing)    | First Name          | Middle Name                          | Last Name        |  |
| United States          | Bankruptcy Court fo | or the : <u>NORTHERN</u> District of | ILLINOIS (State) |  |
| Case Number (If known) | r                   |                                      |                  |  |
|                        |                     |                                      |                  |  |

## Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Part 1: Summarize Your Assets  |  |
|--|--|
|  | <b>Your assets</b> Value of what you own |
| Schedule A/B: Property (Official Form 106A/B)     1a. Copy line 55, Total real estate, from Schedule A/B   | \$ 101,683                               |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | \$ 13,009                                |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$ 114,692                               |
|  |  |
| Summarize Your Liabilities   |  |
|  | Your liabilities<br>Amount you owe       |
| <ol> <li>Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)</li> <li>Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D</li> </ol> | \$98,316                                 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  | \$0                                      |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$22,559                                 |
|  |  |
|  |  |
| Summarize Your Liabilities   |  |
| 4. Schedule I: Your Income (Official Form 106I)  Copy your combined monthly income from line 12 of Schedule I  | \$3,040.00                               |
| 5. Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$2,343.20                               |

Case 18-22758 Doc 1 Filed 08/13/18 Entered 08/13/18 13:10:37 Desc Main Document Page 9 of 61

Case Number (if known) \_

Debtor 1 JoAn

JoAnn Document McKenzie
First Name Middle Name Last Name

| Part 4:  | Answer These Questions for Administrative and Statistical Records   |          |  |  |  |  |
|--|---|----------|--|--|--|--|
| _  | Are you filing for bankruptcy under Chapter 7, 11 or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  Yes   |          |  |  |  |  |
| You fami   | What kind of debt do you have?  Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. |          |  |  |  |  |
|  | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. \$1,029.00   |          |  |  |  |  |
| 9. Copy the following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> :  Total claim |   |          |  |  |  |  |
| From F   | art 4 of Schedule E/F, copy the following:  |          |  |  |  |  |
| 9a. Dom  | estic support obligations (Copy line 6a.)   | \$_ 0.00 |  |  |  |  |
| 9b. Taxe   | es and certain other debts you owe the government. (Copy line 6b.)  | \$_0.00  |  |  |  |  |
| 9c. Clair  | ns for death or personal injury while you were intoxicated. (Copy line 6c.)   | \$_0.00  |  |  |  |  |
| 9d. Student loans. (Copy line 6f.) \$ 0.00   |   |          |  |  |  |  |
|  | 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) $$0.00$  |          |  |  |  |  |
| 9f. Debt   | s to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)  | \$_0.00  |  |  |  |  |
| 9g. <b>Tota</b>  | I. Add lines 9a through 9f.   | \$_0.00  |  |  |  |  |

| Fill in this in                                   | formation to identify you  |   |  | Entered 08/13/18<br>0 of 61  | 3 13:10:37        | Desc                                 | Main            |   |
|---|--|---|--|--|-------------------|--------------------------------------|-----------------|---|
|   | JoAnn  |   | McKenzie   |  |                   |                                      |                 |   |
| Debtor 1  | First Name   | Middle Name   | Last Name  |  |                   |                                      |                 |   |
| Debtor 2  |  |   |  |  |                   |                                      |                 |   |
| (Spouse, if filing)                               | First Name   | Middle Name   | Last Name  |  |                   |                                      |                 |   |
| United States                                     | Bankruptcy Court for the :   | NORTHERN District   |  |  |                   |                                      |                 |   |
| Case Number                                       |  |   | (State)  |  |                   |                                      | Check if thi    | s is an                                 |
| (If known)  |  |   |  |  |                   | á                                    | amended fi      | ling                                    |
| Official F  | orm 106A/B   |   |  |  |                   |                                      |                 |   |
| Schedul   | e A/B: Proper  | ty  |  |  |                   |                                      |                 | 12/15                                   |
| ategory where<br>esponsible for<br>ages, write yo | you think it fits best. Be<br>supplying correct inforn<br>ur name and case numbe | as complete and ac<br>nation. If more space<br>er (if known). Answe | curate as possible. If two ma                          | fits in more than one catego<br>arried people are filing toget<br>te sheet to this form. On the<br>we an Interest In | her, both are equ | ıally                                |                 |   |
|   | n or have any legal or e   | quitable interest in a  | ny residence, building, land                           | , or similar property?   |                   |                                      |                 |   |
| No.   | Describe   |   |  |  |                   |                                      |                 |   |
| 100.  | Describe   |   | What is the property? Chec                             | ck all that apply.   | Do not dedu       | ct secured clain                     | ns or exemption | ons. Put                                |
| 6750 S. P   | Prairie Ave.   |   | Single-family home                                     |  |                   | of any secured of<br>the Have Claims |                 |   |
| Street addre                                      | ess, if available, or other desc   | cription  | Duplex or multi-unit buildir                           |  |                   |                                      |                 |   |
|   |  | <del></del>   | Condominium or cooperati                               |  | Current val       |                                      | portion yo      | alue of the<br>ou own?                  |
| Chicago   |  | II 60637  | Manufactured or mobile ho                              | ome  |                   | 101 692 00                           |                 |   |
| Chicago<br>————<br>City                           |  | IL 60637<br>tate ZIP Code   | Investment property                                    |  | \$                | 101,683.00                           | \$              | 101,683.00                              |
| Oity  | S  | 211 0000  | Timeshare  |  | 5                 |                                      |                 |   |
| County  |  |   | Other  |  |                   | e nature of yo<br>ch as fee sim      |                 | -                                       |
|   |  |   | Who has an interest in the                             | property? Check one  | -                 | es, or a life es                     |                 |   |
|   |  |   | Debtor 1 only  | p  |                   |                                      |                 |   |
|   |  |   | Debtor 2 only  |  |                   |                                      |                 |   |
|   |  |   | Debtor 1 and Debtor 2 only                             | у  |                   | f this is a cor                      |                 |   |
|   |  |   | At least one of the debtors                            | and another  | (see ins          | structions)                          |                 |   |
|   |  |   | Other information you wish property identification num | n to add about this item, such   | n as local        |                                      |                 |   |
| 2 Add the dol                                     | lar value of the portion v   | ou own for all of you   | ur entries fro Part 1, includin                        | ng any entries for nages   |                   |                                      |                 |   |
|   | -  | <del>-</del>  |  |  | <b>&gt;</b>       |                                      |                 | \$101,683.00                            |
| Part 2:   | Describe Your Vehicles   |   |  |  |                   |                                      |                 | , |
| =   |  |   | =  | registered or not? Include a recutory Contracts and Unexp  | -                 |                                      |                 |   |
| 03. Cars, vans                                    | s, trucks, tractors, sport   | utility vehicles, moto  | orcycles   |  |                   |                                      |                 |   |
| Yes.  | Describe<br>//ake:   | Dodge   | Who has an interest in the                             | nronerty? Check one  | Do not dodu       | at appured alaim                     | a ar avamntia   | ana Dut                                 |
|   | Model:   | Charger   | Debtor 1 only  | property . Onook one.  | the amount of     | ct secured claim<br>of any secured o | claims on Sch   | edule D:                                |
|   |  | 2006  | Debtor 2 only  |  |                   | no Have Claims                       |                 |   |
|   | ear:   |   | Debtor 1 and Debtor 2 only                             | у  | Current value     |                                      | Current va      |   |
| A   | Approximate Mileage:   | 85,000  | At least one of the debtors                            | and another  | ontile prope      | -                                    | portion yo      |   |
| C   | Other information:   |   | <b>—</b>   |  | \$                | 5,980.00                             | \$              | 5,980.00                                |
|   | 2006 Dodge Charger with miles  | over 85,000   | Check if this is commu<br>instructions)                | unity property (see  |                   |                                      |                 |   |
| L   |  |   | 1  |  |                   |                                      |                 |   |

Last Name

Desc Main

| Debtor 1 | JoAnn Case 18-2 | 2/50        | DOC I | McKenzie                     | Page 11 of 61                 |
|----------|-----------------|-------------|-------|------------------------------|-------------------------------|
|          | First Name      | Middle Name |       | <b>Document</b><br>Last Name | Page 11 of 61 more (If known) |

|     | Examples: No. Yes.                 | Boats, trailers, mot                   | homes, ATVs and other recreational vehicles, other vehicles, and accessories ors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories |  |                   |
|-----|------------------------------------|--|---|--|-------------------|
|     |                                    | -                                      | oortion you own for all of your entries fro Part 2, including any entries for pages 2. Write that number here   |  | \$ 5,980.00       |
|     | you mave at                        | tached for Fart 2                      | . Write that fulliber here  |  |                   |
| P   | Part 3:                            | escribe Your Pe                        | sonal and Household Items   |  |                   |
| Do  | you own or                         | have any legal                         | or equitable interest in any of the following items?  | Current value of portion you own Do not deduct see or exemptions | vn?               |
| 06. |                                    | goods and furr<br>Major appliances, t  | ilishings<br>urniture, linens, china, kitchenware   |  |                   |
|     | Yes.                               | Describe                               | Furniture, linens, small appliances, table & chairs, bedroom set  \$1,500 Furnace \$3,352   |  | 4,851. <u>5</u> 0 |
| 07. | Electronics                        | 5                                      |   |  |                   |
|     | collections;                       | electronic devices                     | tios; audio, video, stereo, and digital equipment; computers, printers, scanners; music including cell phones, cameras, media players, games                |  |                   |
|     | Yes.                               | Describe                               | Flat screen TV, computer, printer, music collection, cell phone \$250   | \$   | 250.00            |
| 08. |                                    | Antiques and figuri                    | nes; paintings, prints, or other artwork; books, pictures, or other art objects; collections; other collections, memorabilia, collectibles                  |  |                   |
|     |                                    |  |   | \$   | 0.00              |
| 09. | Examples:                          |  | hobbies ic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes iusical instruments  |  |                   |
|     | Yes.                               | Describe                               |   |  | 0.00              |
| 10. | Firearms Examples:                 | Pistols, rifles, shoto                 | guns, ammunition, and related equipment   | Ψ  | 0.00              |
|     | Yes.                               | Describe                               |   |  | 0.00              |
| 11. | Clothes Examples: No.              | Everyday clothes, t                    | urs, leather coats, designer wear, shoes, accessories   | <b>\$</b>  |                   |
|     | Yes.                               | Describe                               | Everyday clothes,shoes, accessories \$200   | \$   | 200.00            |
| 12. | Jewelry Examples: gold, silver No. | Everyday jewelry, o                    | costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,  |  |                   |
|     | Yes.                               | Describe                               | Everyday jewelry \$200  | \$   | 200.00            |
| 13. | Non-farm a Examples:               | <b>animals</b><br>Dogs, cats, birds, h | orses   |  |                   |
|     | Yes.                               | Describe                               |   | \$   | 0.00              |

| ebt | -               | oAnn<br>irst Name     |                                     | 8-22/58<br>Middle Name                          | Doc 1                 | HIEO US<br>McKenzie<br>DOCUM<br>Last Name | /13/18<br><del>hent</del> [ | Entere<br>Page 12 | 2 of 61 min     | 18 13:10<br>ber (if known) | :37 Des | sc Main   | _                   |            |
|-----|-----------------|-----------------------|-------------------------------------|---|-----------------------|---|-----------------------------|-------------------|-----------------|----------------------------|---------|---|---------------------|------------|
| 14. | N               | lo.                   |                                     | ousehold items y                                | ou did not alr        | eady list, incl                           | uding any he                | ealth aids yo     | u did not list  |                            |         |   |                     |            |
|     | ШΥ              | es.                   | Describe                            |   |                       |   |                             |                   |                 |                            |         |   | \$                  | 0.00       |
|     |                 |                       |                                     | of your entries f                               |                       |   |                             |                   |                 | _                          |         |   |                     | \$5,501.50 |
|     | for Part        | : 3. W                | rite that numb                      | per here  |                       |   |                             |                   |                 |                            |         |   |                     |            |
|     | Part 4:         | De                    | scribe Your Fir                     | nancial Assets                                  |                       |   |                             |                   |                 |                            |         |   |                     |            |
| Do  | you ow          | n or l                | nave any legal                      | or equitable into                               | erest in any of       | the following                             | ?                           |                   |                 |                            |         | Current va<br>portion you<br>Do not deduc<br>or exemption | u own?<br>ct secure |            |
| 16. | N               | lo.                   | oney you have ir                    | n your wallet, in you                           | r home, in a safe     | deposit box, an                           | nd on hand whe              | n you file your   | petition        |                            |         |   |                     |            |
| 17  | Donos           | ito of                | manay                               |   |                       |   |                             |                   |                 |                            |         |   | \$                  | 0.00       |
| 17. | and otl         | oles: C               | hecking, savings                    | s, or other financial a<br>If you have multiple |                       |   |                             | unions, broker    | rage houses,    |                            |         |   |                     |            |
|     | Y               | es.                   | Describe                            | Account Type:<br>Checking Accou                 | ınt                   | Institution                               | name:<br>view State         |                   |                 |                            |         |   | •                   | 0.00       |
|     |                 |                       |                                     | Checking Accor                                  | arit                  | Glen                                      | view State                  |                   |                 |                            |         |   | \$<br>\$            | 0.00       |
| 18. | Examp           |                       | -                                   | publicly traded st<br>tment accounts with       |                       | , money market                            | accounts                    |                   |                 |                            |         |   |                     |            |
|     | ΔΑ              | es.                   | Describe                            | Institution or iss                              | uer name:             |   |                             |                   |                 |                            |         |   | ¢                   | 0.00       |
| 19. | _               | ublicly<br>lo.        | y traded stock                      | and interests in                                | -                     |   | orated busin                | esses, inclu      | ding an intere  | est in                     |         |   | Φ                   | <u> </u>   |
|     | ШΥ              | es.                   | Describe                            | Name of Entity a                                | and Percent of        | Ownership:                                |                             |                   |                 |                            |         |   | \$                  | 0.00       |
| 20. |                 |                       |                                     | e bonds and oth                                 | _                     | _   |                             |                   |                 |                            |         |   | <b>*</b>            |            |
|     | Non-ne          |                       |                                     | le personal checks,<br>ire those you canno      |                       |   |                             |                   |                 |                            |         |   |                     |            |
|     | ШΥ              | es.                   | Describe                            | Issuer name:                                    |                       |   |                             |                   |                 |                            |         |   | \$                  | 0.00       |
| 21. | Examp           |                       | or pension acc<br>terests in IRA, E | c <b>ounts</b><br>RISA, Keogh, 401(k            | x), 403(b), thrift sa | avings accounts                           | s, or other pensi           | ion or profit-sha | aring plans     |                            |         |   | Ψ                   |            |
|     | Y               | es.                   | Describe                            | Type of account                                 | and Institution       | name:                                     |                             |                   |                 |                            |         |   |                     |            |
| 22. | Securi          | ty der                | oosits and pre                      | payments  |                       |   |                             |                   |                 |                            |         |   | \$                  | 0.00       |
|     | Your s<br>Examp | hare o                | f all unused depo                   | osits you have made<br>andlords, prepaid re     |                       |   |                             |                   |                 |                            |         |   |                     |            |
|     | ΠY              | es.                   | Describe                            | Institution name                                | or individual:        |   |                             |                   |                 |                            |         |   | _                   | 0.00       |
| 23. |                 | i <b>es (A</b><br>lo. | contract for a                      | a periodic payme                                | ent of money to       | o you, either t                           | for life or for a           | a number of       | years)          |                            |         |   | \$                  | 0.00       |
|     | ΔΑ              | es.                   | Describe                            | Issuer name and                                 | d description:        |   |                             |                   |                 |                            |         |   | ¢                   | 0.00       |
| 24. | 26 U.S          |                       |                                     | IRA, in an accou<br>(b), and 529(b)(1).         | nt in a qualifie      | d ABLE progi                              | ram, or under               | r a qualified     | state tuition p | program.                   |         |   | \$                  | 0.00       |
|     | Y               | es.                   | Describe                            | Institution name                                | and descriptio        | n. Separately                             | file the record             | ds of any inte    | erests.11 U.S.  | C. § 521(c):               |         |   |                     |            |

Schedule A/B: Property

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers

Record # 790679

0.00

0.00

No.

Yes. Describe.....

Case 18-22758 Doc 1 JoAnn Debtor 1

First Name Middle Name Filed 08/13/18

Document

Last Name

Entered 08/13/18 13:10:37 Page 13 of 6 1 umber (if known)

Desc Main

| 26. |               |  | marks, trade secrets, and other intellectual property mes, websites, proceeds from royalties and licensing agreements                              |       |   |            |
|-----|---------------|--|--|-------|---|------------|
|     | Yes.          | Describe                                 |  |       | •   | 0.00       |
| 27. | -             | -  | other general intangibles  xclusive licenses, cooperative association holdings, liquor licenses, professional licenses                             |       | Ψ   | <u> </u>   |
|     | Yes.          | Describe                                 |  |       | \$  | 0.00       |
| Мо  | ney or prop   | erty owed to yo                          | u?   |       | Current value of portion you own Do not deduct securor exemptions | ?          |
| 28. | Tax refund    | s owed to you                            |  |       |   |            |
|     | Yes.          | Describe                                 |  |       | <b>s</b>  | 0.00       |
| 29. | Family sup    | port                                     |  |       |   |            |
|     | Examples: No. | Past due or lump s                       | um alimony, spousal support, child support, maintenance, divorce settlement, property settlement   |       |   |            |
|     | Yes.          | Describe                                 |  |       | s .   | 0.00       |
| 30. | Other amo     | unts someone d                           | Dwes you   |       | ·   |            |
|     |               |  | ability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, id loans you made to someone else                  |       |   |            |
|     | Yes.          | Describe                                 |  |       | •   | 0.00       |
| 31. |               | insurance polic<br>Health, disability, c | ies r life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance   |       | ı   |            |
|     | No.           |  | Company Name & Beneficiary:  |       |   |            |
|     | Yes.          | Describe                                 | 2 Whole Life Insurance Policies with IA American Life Insurance - Cash Surender Value \$246.11 and \$394.23  | \$640 |   |            |
|     |               |  | 2 Whole Life Insurance Policies with Union National Life Insurance, Cash Surrender Value \$887.00  | \$887 |   | 1,527.34   |
| 32. | If you are th |  | at is due you from someone who has died  living trust, expect proceeds from a life insurance policy, or are currently entitled to receive as died. |       | <u> </u>  | 1,027.04   |
|     | Yes.          | Describe                                 |  |       |   | 0.00       |
| 33. | _             | -  | es, whether or not you have filed a lawsuit or made a demand for payment ment disputes, insurance claims, or rights to sue                         |       | Ψ   |            |
|     | No.<br>Yes.   | Describe                                 |  |       | 1   |            |
| •   | _             |  |  |       | \$  | 0.00       |
| 34. | No.           | ingent and unit                          | quidated claims of every nature, including counterclaims of the debtor and rights  |       |   |            |
|     | Yes.          | Describe                                 |  |       | •   | 0.00       |
| 35. | Any financ    | ial assets you c                         | lid not already list   |       | · ·   |            |
|     | Yes.          | Describe                                 |  |       | , s   | 0.00       |
| 36  | Add tha d-    | llar value of o''                        | of your antries from Part 4, including any entries for pages you have attended   |       |   |            |
|     |               |  | of your entries from Part 4, including any entries for pages you have attached er here   |       |   | \$1,527.34 |

Case 18-22758 JoAnn.

Desc Main

0.00

Debtor 1

| Filed 08/1 | 3/18           |
|------------|----------------|
| McKenzie   | n <del>t</del> |
| Docume     | H              |

Entered 08/13/18 13:10:37 Page 14 of 61 umber (if known) Doc 1 First Name Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Yes. Current value of the portion you own? Do not deduct secured claims or exemptions 38. Accounts receivable or commissions you already earned No. Yes. Describe..... 0.00 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices No. Yes. Describe..... 0.00 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade Describe..... 0.00 41. Inventory No. Describe..... 0.00 42. Interests in partnerships or joint ventures Name of Entity and Percent of Ownership: Yes. Describe..... 0.00 43. Customer lists, mailing lists, or other compilations Yes. Describe..... 0.00 44. Any business-related property you did not already list No. Yes. Describe..... 0.00 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached \$ 0.00 Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Yes. Describe..... 0.00 47. Farm animals Examples: Livestock, poultry, farm-raised fish No. Describe..... Yes. 0.00 48. Crops-either growing or harvested No. Yes. Describe..... 0.00

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

No. Yes.

Describe.....

Debtor 1 JoAnn Case 18-22758 Doc 1 Filed 08/13/18 Entered 08/13/18 13:10:37 Desc Main Plat Name Page 15 of the Computer of the

| 50. Farm and fishing supplies, chemicals, and feed  No.   |               |                 |
|---|---------------|-----------------|
| Yes. Describe   |               |                 |
| 51. Any farm- and commercial fishing-related property you did not already list  |               | \$0.00          |
| Yes. Describe   |               | \$ <u>0.0</u> 0 |
| 52. Add the dollar value of all of your entries from Part 6, including any entries for Part 6. Write that number here   | ·             | \$0.00          |
| Part 7: Describe All Property You Own or Have an Interest in That You Did No  | ot List Above |                 |
| 53. Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership |               |                 |
| No.  Yes. Describe  |               | \$ 0.00         |
|   |               |                 |
| 54. Add the dollar value of all of your entries from Part 7. Write that number he                                       | re>           | \$0.00          |
| Part 8: List the Totals of Each Part of this Form   |               |                 |
| 55. Part 1: Total real estate, line 2   |               | \$ 101,683.00   |
| 56. Part 2: Total vehicles, line 5  | \$ 5,980.00   |                 |
| 57. Part 3: Total personal and household items, line 15   | \$ 5,501.50   |                 |
| 58. Part 4: Total financial assets, line 36   | \$ 1,527.34   |                 |
| 59. Part 5: Total business-related property, line 45  | \$ 0.00       |                 |
| 60. Part 6: Total farm- and fishing-related property, line 52   | \$ 0.00       |                 |
| 61. Part 7: Total other property not listed, line 54  | \$ 0.00       |                 |
| 62. <b>Total personal property.</b> Add lines 56 through 61   | \$ 13,008.84  | \$ 13,008.84    |
|   |               |                 |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62  |               | \$114,691.84    |

| Fill in this in     | nformation to ide   | ntify your case:                       |           |
|---------------------|---------------------|--|-----------|
| Debtor 1            | JoAnn               |  | McKenzie  |
|                     | First Name          | Middle Name                            | Last Name |
| Debtor 2            |                     |  |           |
| (Spouse, if filing) | First Name          | Middle Name                            | Last Name |
| United States       | Bankruptcy Court fo | or the : <u>NORTHERN</u> District of _ |           |
| Case Number         | r                   |  | (State)   |
| (If known)          |                     |  | _         |

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions-such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| You are clai              | ming state and federal nonbankrupt                               | cy exemptions . 11 U.S.C.            | § 522(b)(3)   |                                    |
|---------------------------|--|--------------------------------------|---|------------------------------------|
| You are clai              | ming federal exemptions. 11 U.S.C.                               | § 522(b)(2)                          |   |                                    |
|                           | www.listan Sahadula A/B that wa                                  | alaim aa ayammt fill in              | sha information halou   |                                    |
| or any propert            | y you list on <i>Schedule A/B</i> that yo                        | u ciaim as exempt, iii in            | the information below.  |                                    |
| •                         | on of the property and line on hat lists this property           | Current value of the portion you own | Amount of the exemption you claim                               | Specific laws that allow exemption |
|                           |  | Copy the value from Schedule A/B     | Check only one box for each exemption                           |                                    |
| rief<br>escription:       | 6750 S. Prairie Ave. Chicago IL<br>60637 - Primary Residence     | \$101,683                            | \$15,000  | 735 ILCS 5/12-901                  |
| ine from<br>Cchedule A/B: | 01   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| rief<br>escription:       | 2006 Dodge Charger with over<br>85,000 miles                     | \$_ 5,980                            | \$ _ 2,400  | 735 ILCS 5/12-1001(c)              |
| ine from<br>Cchedule A/B: | 03   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| rief<br>escription:       | Furniture, linens, small appliances, table & chairs, bedroom set | \$1,500                              | \$ _ 1,500  | 735 ILCS 5/12-1001(b)              |
| ine from<br>Cchedule A/B: | 06   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| rief<br>escription:       | Furnace  | \$3,352                              | \$_723  | 735 ILCS 5/12-1001(b)              |
| ine from<br>chedule A/B:  | <u>06</u>  |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
|                           |  |                                      |   |                                    |

Document

Page 17 of 61 (if known)

Debtor 1 JoAnn Last Name First Name Middle Name

|                         | n of the property and line on<br>nat lists this property   | Current value of the portion you own | Amount of the exemption you claim                               | Specific laws that allow exemption |
|-------------------------|--|--------------------------------------|---|------------------------------------|
|                         |  | Copy the value from Schedule A/B     | Check only one box for each exemption                           |                                    |
| Brief description:      | Flat screen TV, computer, printer, music collection, cell phone  | \$_ 250                              | \$250   | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: | 07   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief description:      | Everyday clothes, shoes, accessories   | \$_200                               | \$_200  | 735 ILCS 5/12-1001(a),(e)          |
| Line from Schedule A/B: | <u>11</u>  |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief description:      | Everyday jewelry   | \$200                                | \$_200  | 735 ILCS 5/12-1001(a),(e)          |
| Line from Schedule A/B: | 12   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief<br>description:   | Checking Account, Glenview State, 0.00   | \$ <u> </u>                          | <b>\$</b> _0  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: | <u>17</u>  |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief description:      | 2 Whole Life Insurance Policies with IA American Life Insurance - Cash Surender Value \$246.11 and     | \$ <u>640</u>                        | \$_640  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: | \$394.23<br>31   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief description:      | 2 Whole Life Insurance Policies with Union National Life Insurance, Cash Surrender Value \$887.00      | \$_887                               | \$ _ 887  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: | 31   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| (Subject to adjus       | g a homestead exemption of more tment on 4/01/19 and every 3 years acquire the property covered by the | after that for cases filed o         |   |                                    |
|                         |  |                                      |   |                                    |
|                         |  |                                      |   |                                    |
|                         |  |                                      |   |                                    |
|                         |  |                                      |   |                                    |
|                         |  |                                      |   |                                    |
| Official Form 106C      | Record # 790679  |                                      | he Property You Claim as Exempt                                 | Page 2 of 2                        |

|                              | Caco 19                                   | 22759 Do                                      | c 1 Filad 09/12/19   | Entered 08/13/18                  | 13:10:37                            | Desc Main                              |                    |
|------------------------------|---|---|--|-----------------------------------|-------------------------------------|--|--------------------|
| Fill in this in              | nformation to ider                        | ntify your case:                              |  | 8 of 61                           |                                     |  |                    |
| Debtor 1                     | JoAnn                                     |   | McKenzie   |                                   |                                     |  |                    |
|                              | First Name                                | Middle Name                                   | Last Name  |                                   |                                     |  |                    |
| Debtor 2 (Spouse, if filing) | First Name                                | Middle Name                                   | Last Name  |                                   |                                     |  |                    |
|                              |   |   |  |                                   |                                     |  |                    |
| United States                | Bankruptcy Court fo                       | or the : <u>NORTHERN</u>                      | District of <u>ILLINOIS</u> (State)                                  |                                   |                                     | Check if this                          | - !                |
| Case Number<br>(If known)    | r   |   | <del></del>  |                                   |                                     | amended fi                             |                    |
| Official E                   | orm 106D                                  |   |  |                                   |                                     | amonaca ii                             | mig                |
|                              | orm 106D                                  |   |  |                                   |                                     |  | 12/1               |
|                              |   |   | Claims Secured by P  |                                   | innlying correct                    |  | 12/1               |
| nformation. If r             | more space is ne                          | eded, copy the Addition                       | onal Page, fill it out, number the er                                |                                   |                                     | ny                                     |                    |
|                              | •   | ne and case number (<br>is secured by your pr | •  |                                   |                                     |  |                    |
| _                            |   |   | court with your other schedules. Yo                                  | u have nothing else to report or  | this form                           |  |                    |
| _                            | Il in all of the infor                    |   | court with your other somedules. To                                  | a mave nothing class to report of | r uno iorrii.                       |  |                    |
| 103.11                       |   | mator below.                                  |  |                                   |                                     |  |                    |
| Part 1:                      | List All Secured Cl                       | laims   |  |                                   |                                     | _                                      | _                  |
| 2. List all se               | cured claims. If a                        | creditor has more tha                         | n one secured claim, list the creditor                               | - senarately                      | Column A                            | Column A                               | Column C           |
| for each c                   | laim. If more than                        | one creditor has a pa                         | rticular claim, list the other creditors                             | in Part 2.                        | mount of claim<br>to not deduct the | Value of collateral that supports this | Unsecured portion  |
| As much a                    | as possible, list the                     | e claims in alphabetica                       | I order according to the creditors na                                | me. <sub>v</sub>                  | alue of collateral                  | claim                                  | If any             |
| 2.1 BK OF                    | AMER                                      |   | Describe the property that secure                                    | s the claim:                      | 91,613.00                           | \$ <u>101,683.00</u>                   | \$ <u>0.00</u>     |
| Creditor's                   | Name<br>avarese Cir                       |   | 6750 S. Prairie Ave. Chicago IL                                      | 60637 - Primary                   |                                     |  |                    |
| Number                       | Street                                    |   | Residence  |                                   |                                     |  |                    |
|                              |   |   | As of the date you file, the claim i                                 | s: Check all that apply.          |                                     |  |                    |
| Tampa                        |   | FL 33634                                      | Contingent   |                                   |                                     |  |                    |
| City                         |   | State Zip Code                                | Unliquidated   |                                   |                                     |  |                    |
| Who owes                     | s the debt? Check o                       | nne   | Disputed  Nature of Lien. Check all that apply                       | ,                                 |                                     |  |                    |
| Debtor                       |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,        | An agreement you made (such as                                       |                                   |                                     |  |                    |
| Debtor                       | 2 only                                    |   | car loan)  |                                   |                                     |  |                    |
| =                            | 1 and Debtor 2 only tone of the debtors a |   | Statutory lien (such as tax lien, m                                  | echanic's lien)                   |                                     |  |                    |
| At least                     | torie or the debtors a                    | and another                                   | Other (including a right to offset)                                  |                                   |                                     |  |                    |
|                              | if this claim relate<br>unity debt        | s to a  |  |                                   |                                     |  |                    |
|                              | was incurred                              | 2006-2015                                     | Last 4 digits of account number                                      | <u>2137</u>                       |                                     |  |                    |
| 2.2 PERSO                    | NAL FINANCE/M                             | larin   | Describe the property that secure                                    | es the claim:                     | 6,703.00                            | <b>\$</b> 3,351.50                     | \$ <u>3,351.50</u> |
| Creditor's                   |   |   | Furnace  |                                   |                                     |  |                    |
| 8211 To<br>Number            | own Center Dr<br>Street                   |   |  |                                   |                                     |  |                    |
|                              |   |   | As of the date you file, the claim i                                 | s: Check all that apply.          |                                     |  |                    |
| Dalkinsa                     |   | MD 04000                                      | Contingent   | 117                               |                                     |  |                    |
| Baltimo                      |   | MD 21236  State Zip Code                      | Unliquidated   |                                   |                                     |  |                    |
|                              | - 4h                                      |   | Disputed   |                                   |                                     |  |                    |
| Debtor                       | s the debt? Check of<br>1 only            | one.  | Nature of Lien. Check all that apply  An agreement you made (such as |                                   |                                     |  |                    |
| Debtor                       | 2 only                                    |   | car loan)  |                                   |                                     |  |                    |
| =                            | 1 and Debtor 2 only                       |   | Statutory lien (such as tax lien, m                                  | echanic's lien)                   |                                     |  |                    |
| At least                     | t one of the debtors a                    | and another                                   | Judgment lien from a lawsuit  Other (including a right to offset)    |                                   |                                     |  |                    |
|                              | if this claim relate                      | s to a  | Curer (moduling a right to offset)                                   |                                   |                                     |  |                    |
|                              | unity debt<br>was incurred                | 2018-2018                                     | Last 4 digits of account number                                      | 9916                              |                                     |  |                    |
|                              |   | ur entries in Column <i>I</i>                 | A on this page. Write that number                                    |                                   | 98,316.00                           |  |                    |

Debtor 1 JoAnn Page 19 of 61 Case Number (if known)

\_\_\_\_\_

List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ 98,316.00

|                                     |   | Caco 10 22750   | Doc 1  | Filad 09/12/19  | Entered 08/13/18 13:10:37  | Desc Main                         |                            |
|-------------------------------------|---|---|--|---|--|-----------------------------------|----------------------------|
| Fill                                | in this inf   | formation to identify your case   | e:   |   | 0 of 61  | Desc Main                         |                            |
| 5.                                  |   | JoAnn   |  | McKenzie  |  |                                   |                            |
| Dei                                 | otor 1  |   | ddle Name  | Last Name   |  |                                   |                            |
| Del                                 | otor 2  |   |  |   |  |                                   |                            |
|                                     | use, if filing)   | First Name Mid  | ddle Name  | Last Name   |  |                                   |                            |
| Uni                                 | tad Ctatas I  | Donkrumtov Court for the . NODTI  | JEDN District  | of ILLINOIS   |  |                                   |                            |
| Uni                                 | ieu States i  | Bankruptcy Court for the : <u>NORT</u>  | TERN_ DISTRICT   | (State)   |  |                                   |                            |
|                                     | se Number   |   |  |   |  | <del></del>                       | this is an                 |
| (11.1                               | (nown)  |   |  |   |  | amende                            | d filing                   |
| <u>Offic</u>                        | <u>cial Fo</u>  | orm 106E/F  |  |   |  |                                   |                            |
| Sch                                 | edule   | E/F: Creditors Who  | Have U   | nsecured Claims   |  |                                   | 12/15                      |
| ist the<br>/B: P<br>redito<br>eeded | e other pa<br>roperty (Cors with pa<br>d, copy th<br>any additi | arty to any executory contracts<br>Official Form 106A/B) and on So<br>artially secured claims that are        | s or unexpired<br>chedule G: Ex<br>listed in Sch<br>nber the entrie<br>and case numl | leases that could result in a recutory Contracts and Unexpedule D: Creditors Who Have is in the boxes on the left. At         | and Part 2 for creditors with NONPRIORITY claim. Also list executory contracts on Schepired Leases (Official Form 106G). Do not in a Claims Secured by Property. If more space tach the Continuation Page to this page. On | edule<br>nclude any<br>e is       |                            |
|                                     |   | ditors have priority unsecured  | claims agains  | t vou?  |  |                                   |                            |
|                                     | •   | to Part 2.  | o.uo uguo  | .,  |  |                                   |                            |
| -                                   | •   | to Part 2.  |  |   |  |                                   |                            |
| L                                   |   |   | If a araditar be   | sa mara than ana priarity upaa  | cured claim, list the creditor separately for eac  | sh alaim Far                      |                            |
| ea<br>no<br>ur                      | ach claim lonpriority ansecured of                              | listed, identify what type of claim<br>amounts. As much as possible, l<br>claims, fill out the Continuation F | n it is. If a clain<br>list the claims<br>Page of Part 1.                            | n has both priority and nonprio<br>in alphabetical order according<br>If more than one creditor hold                          | rity amounts, list that claim here and show bo<br>g to the creditor's name. If you have more than<br>Is a particular claim, list the other creditors in I  | th priority and<br>n two priority |                            |
| (F                                  | or an expi  | lanation of each type of claim, s   | ee me mshuci   | ions for this form in the instruc   | Total claim  | Priority                          | Nonpriority                |
|                                     |   |   |  |   |  | amount                            | amount                     |
| Par                                 | t 2:  | ist All of Your NONPRIORITY Un  | secured Claim  | S   |  |                                   |                            |
| 3. <b>D</b> o                       | any cred  | ditors have nonpriority unsecu  | red claims ag  | ainst you?  |  |                                   |                            |
| г                                   |   | u have nothing to report in this p  | _  | -   | other schedules  |                                   |                            |
|                                     | •   | a have nothing to report in this p  | ourt. Oubillit ti  | is form to the court with your c  | orior soriodulos.  |                                   |                            |
| _                                   | Yes.  |   | wa in tha alah   | abatical audau af the avaditau  | who halds each alsim If a graditar has mar   | than and                          |                            |
| no<br>inc                           | onpriority u  | unsecured claim, list the creditor  | r separately for<br>holds a partic   | each claim. For each claim lis  | who holds each claim. If a creditor has more<br>sted, identify what type of claim it is. Do not lis<br>ors in Part 3.If you have more than three nonp  | t claims already                  |                            |
| 44                                  | CAP1/M  | 1nrds   | Lac  | t 4 digits of account number _  | NULL   |                                   | Total claim<br>\$ 2,453.00 |
| 4.1                                 | Creditor's N  |   | _ Las  | t 4 digits of account number _  | <del></del>  |                                   | <u> </u>                   |
|                                     | 26525 N   | I Riverwoods Blvd   | Wh   | en was the debt incurred?   | 2017-2018  |                                   |                            |
|                                     | Number  | Street  |  |   |  |                                   |                            |
|                                     |   |   | As   | of the date you file, the claim is  | : Check all that apply.  |                                   |                            |
|                                     | Mettawa   | ı IL 60045  |  | Contingent  |  |                                   |                            |
|                                     | City  | State Zip Coo   | e U  | Unliquidated  |  |                                   |                            |
| V                                   |   | the debt? Check one.  | Ш  | Disputed  |  |                                   |                            |
|                                     | Debtor 1  | Lonly   |  |   |  |                                   |                            |
|                                     | =   | •   |  |   |  |                                   |                            |
| į                                   | Debtor 2  | 2 only  |  | e of NONPRIORITY unsecured  | claim:   |                                   |                            |
| ]<br>]                              | Debtor 2  | •   | Ï  | Student loans.  |  |                                   |                            |
| ]<br>]<br>]                         | Debtor 2 Debtor 1   | 2 only  |  | Student loans.<br>Obligations arising out of a separa   | tion agreement or divorce  |                                   |                            |
| ]<br>]<br>]                         | Debtor 2 Debtor 1 At least 0 Check i                            | 2 only I and Debtor 2 only one of the debtors and another if this claim relates to a                          |  | Student loans.<br>Obligations arising out of a separa<br>that you did not report as priority c                                | tion agreement or divorce<br>laims   |                                   |                            |
| ]<br>]<br>]                         | Debtor 2 Debtor 1 At least c Check i commu                      | 2 only I and Debtor 2 only one of the debtors and another if this claim relates to a unity debt               |  | Student loans.<br>Obligations arising out of a separa   | tion agreement or divorce<br>laims   |                                   |                            |
| ]<br>]<br>]                         | Debtor 2 Debtor 1 At least 0 Check i commu                      | 2 only I and Debtor 2 only one of the debtors and another if this claim relates to a                          |  | Student loans.  Obligations arising out of a separa that you did not report as priority of Debts to pension or profit-sharing | tion agreement or divorce<br>laims<br>plans, and other similar debts   |                                   |                            |
| ]<br>]<br>]<br>!                    | Debtor 2 Debtor 1 At least c Check i commu                      | 2 only I and Debtor 2 only one of the debtors and another if this claim relates to a unity debt               |  | Student loans.<br>Obligations arising out of a separa<br>that you did not report as priority c                                | tion agreement or divorce<br>laims<br>plans, and other similar debts   |                                   |                            |

Page 21 of 61 Case Number (if known) Document JoAnn Debtor 1

| F     | Your NONPRIORITY Unsecured Claims - 0             | Continuation Page                      |                                |                    |
|-------|---|--|--------------------------------|--------------------|
| After | listing any entries on this page, number them b   | peginning with 4.4, followed by 4.5, a | nd so forth.                   | Total Claim        |
| 4.2   | CBNA  | Last 4 digits of account number _      | NULL                           | <u>\$ 446.00</u>   |
|       | Creditor's Name                                   |  |                                |                    |
|       | Po Box 6497                                       | When was the debt incurred?            | 2017-2018                      |                    |
|       | Number Street                                     |  |                                |                    |
|       |   | As of the date you file, the claim is  | : Check all that apply.        |                    |
|       |   | Contingent                             |                                |                    |
|       | Sioux Falls SD 57117                              | Unliquidated                           |                                |                    |
|       | City State Zip Code                               | Disputed                               |                                |                    |
|       | Who owes the debt? Check one.                     | Disputed                               |                                |                    |
|       | Debtor 1 only                                     |  |                                |                    |
|       | Debtor 2 only                                     | Type of NONPRIORITY unsecured          | claim:                         |                    |
|       | Debtor 1 and Debtor 2 only                        | Student loans.                         |                                |                    |
|       | At least one of the debtors and another           | Obligations arising out of a separat   | ion agreement or divorce       |                    |
|       | Check if this claim relates to a                  | that you did not report as priority cl | aims                           |                    |
|       | community debt                                    | Debts to pension or profit-sharing p   | olans, and other similar debts |                    |
|       | Is the claim subject to offest?                   |  |                                |                    |
|       | No  | Other. Specify Credit Card or          | Credit Use                     |                    |
|       | ∐Yes  |  |                                |                    |
| 4.3   | CBNA  | Last 4 digits of account number _      | NULL                           | \$ <u>1,237.00</u> |
|       | Creditor's Name                                   |  | 2017-2018                      |                    |
|       | 50 Northwest Point Road                           | When was the debt incurred?            | 2017-2010                      |                    |
|       | Number Street                                     |  |                                |                    |
|       |   | As of the date you file, the claim is  | : Check all that apply.        |                    |
|       |   | Contingent                             |                                |                    |
|       | Elk Grove Village IL 60007                        | Unliquidated                           |                                |                    |
|       | City State Zip Code                               | Disputed                               |                                |                    |
|       | Who owes the debt? Check one.                     |  |                                |                    |
|       | Debtor 1 only                                     |  |                                |                    |
|       | Debtor 2 only                                     | Type of NONPRIORITY unsecured          | claim:                         |                    |
|       | Debtor 1 and Debtor 2 only                        | Student loans.                         |                                |                    |
|       | At least one of the debtors and another           | Obligations arising out of a separat   |                                |                    |
|       | Check if this claim relates to a                  | that you did not report as priority cl |                                |                    |
|       | community debt                                    | Debts to pension or profit-sharing p   | plans, and other similar debts |                    |
|       | Is the claim subject to offest?                   |  |                                |                    |
|       | ■ No  | Other. Specify Credit Card or          | Credit Use                     |                    |
| _     | Yes   |  | NII II I                       | * 496 00           |
| 4.4   | <del></del>                                       | Last 4 digits of account number _      | NULL                           | \$ <u>486.00</u>   |
|       | Creditor's Name<br>4450 New Linden Hill Rd        | When was the debt incurred?            | 2017-2018                      |                    |
|       |   | when was the dept incurred?            |                                |                    |
|       | Number Street                                     |  |                                |                    |
|       |   | As of the date you file, the claim is  | : Check all that apply.        |                    |
|       | W   | Contingent                             |                                |                    |
|       | Wilmington DE 19808                               | Unliquidated                           |                                |                    |
|       | City State Zip Code Who owes the debt? Check one. | Disputed                               |                                |                    |
|       | Debtor 1 only                                     | _                                      |                                |                    |
|       | Debtor 2 only                                     | Type of NONPRIORITY unsecured          | claim:                         |                    |
|       | Debtor 1 and Debtor 2 only                        | Student loans.                         | Ciaiiii.                       |                    |
|       |   | =                                      | ion agreement or diverse       |                    |
|       | At least one of the debtors and another           | Obligations arising out of a separat   |                                |                    |
|       | Check if this claim relates to a                  | that you did not report as priority cl |                                |                    |
|       | community debt Is the claim subject to offest?    | Debts to pension or profit-sharing p   | DIANS, AND OTHER SIMILAR DEDTS |                    |
|       | No  | Other. SpecifyCredit Card or           | Cradit Llea                    |                    |
|       | Yes   | Otner. SpecifyCredit Card or           | Orealt USE                     |                    |
|       |   |  |                                |                    |

Debtor 1 JoAnn Document Page 22 of 61 Case Number (if known)

Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** COMENITY BANK/Lnbryant \$ 101.00 Last 4 digits of account number \_ Creditor's Name 1998-2008 Po Box 182789 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Columbus OH 43218 Unliquidated City State Zip Code Disputed Who owes the debt? Check one Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans. Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Yes Comenitycb/HSN NULL \$ 776.00 Last 4 digits of account number 4.6 Creditor's Name 2017-2018 Po Box 182120 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Columbus OH 43218 Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Student loans. Debtor 1 and Debtor 2 only At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Other. Specify \_\_\_Credit Card or Credit Use Yes NULL Discover FIN SVCS LLC \$ 1,200.00 4.7 Last 4 digits of account number Creditor's Name 2017-2018 When was the debt incurred? Po Box 15316 Number As of the date you file, the claim is: Check all that apply. Contingent Wilmington DE 19850 Unliquidated Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Student loans. Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Other. Specify \_\_ Credit Card or Credit Use Yes

Page 23 of 61 Case Number (if known) Document JoAnn Debtor 1

Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** First Premier BANK **\$** 713.00 Last 4 digits of account number \_ Creditor's Name 2018-2018 601 S Minnesota Ave When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Sioux Falls SD 57104 Unliquidated City State Zip Code Disputed Who owes the debt? Check one Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans. Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Yes LANE BRYANT RETAIL/SOA Last 4 digits of account number NULL \$ 0.00 4.9 Creditor's Name 1998-2010 450 Winks Ln When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Bensalem 19020 Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Student loans. Debtor 1 and Debtor 2 only At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Other. Specify \_\_\_Credit Card or Credit Use Yes Mcydsnb NULL **\$** 772.00 Last 4 digits of account number 4.10 Creditor's Name 2017-2018 Po Box 8218 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Mason OH 45040 Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Student loans. Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Other. Specify \_\_ Credit Card or Credit Use Yes

Page 24 of 61 Case Number (if known) Document JoAnn Debtor 1

Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** Nordstrom/TD BANK USA \$ 2,934.00 Last 4 digits of account number \_ Creditor's Name 2017-2018 13531 E Caley Ave When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent CO 80111 Englewood Unliquidated City State Zip Code Disputed Who owes the debt? Check one Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans. Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Oportun/PROGRESO FINAN \$ 522.00 Last 4 digits of account number 4.12 Creditor's Name 2017-2018 When was the debt incurred? 2801 Network Ave Ste 100 Number Street As of the date you file, the claim is: Check all that apply. Contingent Frisco 75034 Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans. At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Other. Specify Personal Loan Yes Syncb/CARE CREDIT NULL **\$** 608.00 Last 4 digits of account number 4.13 Creditor's Name 2017-2018 When was the debt incurred? 950 Forrer Blvd As of the date you file, the claim is: Check all that apply. Contingent Kettering OH 45420 Unliquidated State Zip Code Disputed Who owes the debt? Check one Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Student loans. Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Other. Specify \_\_ Credit Card or Credit Use Yes

Page 25 of 61 Case Number (if known) Document JoAnn Debtor 1

| Pa    | Your NONPRIORITY Unsecured Claims - C              | Continuation Page                       |                                |                  |
|-------|--|---|--------------------------------|------------------|
| After | listing any entries on this page, number them b    | neginning with 4.4, followed by 4.5, an | nd so forth.                   | Total Claim      |
| 4.14  | Syncb/JCP  | Last 4 digits of account number _       | NULL                           | <u>\$_501.00</u> |
|       | Creditor's Name                                    |   | 2019 2019                      |                  |
|       | Po Box 965007                                      | When was the debt incurred?             | 2018-2018                      |                  |
|       | Number Street                                      |   |                                |                  |
|       |  | As of the date you file, the claim is   | : Check all that apply.        |                  |
|       | O. J   | Contingent                              |                                |                  |
|       | Orlando FL 32896                                   | Unliquidated                            |                                |                  |
|       | City State Zip Code Who owes the debt? Check one.  | Disputed                                |                                |                  |
|       | Debtor 1 only                                      |   |                                |                  |
|       | Debtor 2 only                                      | Type of NONPRIORITY unsecured           | claim:                         |                  |
|       | Debtor 1 and Debtor 2 only                         | Student loans.                          |                                |                  |
|       | At least one of the debtors and another            | Obligations arising out of a separat    |                                |                  |
|       | Check if this claim relates to a                   | that you did not report as priority cl  |                                |                  |
|       | community debt Is the claim subject to offest?     | Debts to pension or profit-sharing p    | plans, and other similar debts |                  |
|       | No   | Other, Specify Credit Card or           | Credit Use                     |                  |
|       | Yes  | Other. Specify Credit Card or           | Orealt Use                     |                  |
| 4.15  | Cumah/Lauraa                                       | Last 4 digits of account number _       | NULL                           | \$ 836.00        |
| 4.10  | Creditor's Name                                    |   | <del></del>                    | · <del></del>    |
|       | Po Box 965005                                      | When was the debt incurred?             | 2018-2018                      |                  |
|       | Number Street                                      |   |                                |                  |
|       |  | As of the date you file, the claim is   | : Check all that apply.        |                  |
|       |  | Contingent                              |                                |                  |
|       | Orlando FL 32896                                   | Unliquidated                            |                                |                  |
|       | City State Zip Code  Who owes the debt? Check one. | Disputed                                |                                |                  |
|       | Debtor 1 only                                      | <b>-</b>                                |                                |                  |
|       | Debtor 2 only                                      | Type of NONPRIORITY unsecured           | claim:                         |                  |
|       | Debtor 1 and Debtor 2 only                         | Student loans.                          | Ciaiii.                        |                  |
|       | At least one of the debtors and another            | Obligations arising out of a separat    | ion agreement or divorce       |                  |
|       | Check if this claim relates to a                   | that you did not report as priority cl  |                                |                  |
|       | community debt                                     | Debts to pension or profit-sharing p    |                                |                  |
|       | Is the claim subject to offest?                    |   |                                |                  |
|       | No   | Other. Specify Credit Card or           | Credit Use                     |                  |
|       | Yes  |   |                                |                  |
| 4.16  | Syncb/STEINMART PLLC                               | Last 4 digits of account number _       | <u>NULL</u>                    | <u>\$_725.00</u> |
|       | Creditor's Name                                    | Miles was the debt incomed?             | 2017-2018                      |                  |
|       | Po Box 965005                                      | When was the debt incurred?             |                                |                  |
|       | Number Street                                      |   |                                |                  |
|       |  | As of the date you file, the claim is   | : Check all that apply.        |                  |
|       | Orlando FL 32896                                   | Contingent                              |                                |                  |
|       | City State Zip Code                                | Unliquidated                            |                                |                  |
|       | Who owes the debt? Check one.                      | Disputed                                |                                |                  |
|       | Debtor 1 only                                      |   |                                |                  |
|       | Debtor 2 only                                      | Type of NONPRIORITY unsecured           | claim:                         |                  |
|       | Debtor 1 and Debtor 2 only                         | Student loans.                          |                                |                  |
|       | At least one of the debtors and another            | Obligations arising out of a separat    | ion agreement or divorce       |                  |
|       | Check if this claim relates to a                   | that you did not report as priority cl  |                                |                  |
|       | community debt                                     | Debts to pension or profit-sharing p    | plans, and other similar debts |                  |
|       | Is the claim subject to offest?                    |   | One dia lie                    |                  |
|       | Yes  | Other. Specify Credit Card or           | Credit Use                     |                  |
|       |  |   |                                |                  |

|       | Case 16-22/56 | DOC T | Filed 00/13/10 | Ellfelen 09/13/19 13:10:37           | Desc Mail |
|-------|---------------|-------|----------------|--------------------------------------|-----------|
| JoAnn |               |       | Decument       | Page 26 of 61 Case Number (if known) |           |

| 0  |  | All III I                     |                   |
|--|--|-------------------------------|-------------------|
| Syncb/TJX COS  Creditor's Name                   | Last 4 digits of account number _      | NULL                          | \$ <u>463.00</u>  |
| Po Box 965015                                    | When was the debt incurred?            | 2017-2018                     |                   |
| Number Street                                    |  |                               |                   |
|  | A section data was file that also be   |                               |                   |
|  | As of the date you file, the claim is  | : Check all that apply.       |                   |
| Orlando FL 32896                                 | Contingent                             |                               |                   |
| City State Zip Code                              | Unliquidated                           |                               |                   |
| ho owes the debt? Check one.  Debtor 1 only      | Disputed                               |                               |                   |
| Debtor 2 only                                    | Type of NONPRIORITY unsecured          | claim:                        |                   |
| Debtor 1 and Debtor 2 only                       | Student loans.                         | Claiii.                       |                   |
| At least one of the debtors and another          | Obligations arising out of a separat   | ion agreement or divorce      |                   |
|  | that you did not report as priority cl |                               |                   |
| Check if this claim relates to a community debt  | Debts to pension or profit-sharing p   |                               |                   |
| the claim subject to offest?                     | Debte to perioder of prefit sharing p  | nano, and outer similar asses |                   |
| No   | Other. Specify Credit Card or          | Credit Use                    |                   |
| Yes  |  |                               |                   |
| Syncb/Walmart                                    | Last 4 digits of account number _      | NULL                          | \$ <u>985.00</u>  |
| Creditor's Name                                  |  | 2017-2018                     |                   |
| Po Box 965024                                    | When was the debt incurred?            | 2017-2016                     |                   |
| Number Street                                    |  |                               |                   |
|  | As of the date you file, the claim is  | : Check all that apply.       |                   |
|  | Contingent                             |                               |                   |
| Orlando FL 32896                                 | Unliquidated                           |                               |                   |
| City State Zip Code ho owes the debt? Check one. | Disputed                               |                               |                   |
| Debtor 1 only                                    | _                                      |                               |                   |
| Debtor 2 only                                    | Type of NONPRIORITY unsecured          | claim:                        |                   |
| Debtor 1 and Debtor 2 only                       | Student loans.                         | ou                            |                   |
| At least one of the debtors and another          | Obligations arising out of a separat   | ion agreement or divorce      |                   |
| Check if this claim relates to a                 | that you did not report as priority cl |                               |                   |
| community debt                                   | Debts to pension or profit-sharing     |                               |                   |
| the claim subject to offest?                     |  | ,                             |                   |
| No   | Other. Specify Credit Card or          | Credit Use                    |                   |
| Yes  |  |                               |                   |
| Window World                                     | Last 4 digits of account number _      |                               | \$ <u>6,801.0</u> |
| Creditor's Name                                  |  |                               |                   |
| 11118 Oxbridge Way                               | When was the debt incurred?            | <del></del>                   |                   |
| Number Street                                    |  |                               |                   |
|  | As of the date you file, the claim is  | : Check all that apply.       |                   |
|  | Contingent                             |                               |                   |
| Fort Myers FL 33913                              | Unliquidated                           |                               |                   |
| City State Zip Code ho owes the debt? Check one. | Disputed                               |                               |                   |
| Debtor 1 only                                    | _                                      |                               |                   |
| Debtor 2 only                                    | Type of NONPRIORITY unsecured          | claim:                        |                   |
| Debtor 1 and Debtor 2 only                       | Student loans.                         | olum.                         |                   |
| At least one of the debtors and another          | Obligations arising out of a separat   | ion agreement or divorce      |                   |
|  | that you did not report as priority cl |                               |                   |
| Check if this claim relates to a community debt  | Debts to pension or profit-sharing p   |                               |                   |
| the claim subject to offest?                     |  | ,                             |                   |
| No   | Other. Specify                         |                               |                   |
| Yes  |  |                               |                   |

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1

Doc 1 Filed 08/13/18 Entered 08/13/18 13:10:37 Desc Main Case 18-22758 Page 27 of 61 Case Number (if known) Document

JoAnn Debtor 1

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

|                             |   |            | Total claim        |
|-----------------------------|---|------------|--------------------|
| Total claims from Part 1    | 6a. Domestic support obligations  | 6a.        | \$0.00             |
|                             | 6b. Taxes and Certain other debts you owe the government  | 6b.        | \$0.00             |
|                             | 6c. Claims for death or personal injury while you were intoxicated  | 6c.        | \$0.00             |
|                             | 6d. <b>Other.</b> Add all other priority unsecured claims.  Write that amount here.   | 6d.        | \$0.00             |
|                             | 6e. <b>Total.</b> Add lines 6a through 6d.  | 6e.        | \$0.00             |
|                             |   |            |                    |
|                             |   |            | Total claim        |
| Total claims<br>from Part 2 | 6f. Student loans   | 6f.        | Total claim \$0.00 |
|                             | 6f. Student loans  6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims  | 6f.<br>6g. | 0.00               |
|                             | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority  |            | \$0.00             |
|                             | <ul><li>6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li><li>6h. Debts to pension or profit-sharing plans, and other</li></ul> | 6g.        | \$                 |

| Fill                       | in this int  | Caco 19  |   | a 1 Eilor   | 4 N9/12/19  | Ento  | red 08/1                                  | L3/18 13                         | 3:10:37                                | Desc         | Main            |       |
|----------------------------|--|--|---|---|---|---|---|----------------------------------|--|--------------|-----------------|-------|
| FIII                       | III ulis IIII  | ormation to identi   | ny your case.   |   |   |   | 8 of 61                                   | -                                |  |              |                 |       |
| De                         | btor 1   | JoAnn  |   |   | McKenzie  |   |   |                                  |  |              |                 |       |
| Do                         | htor O   | First Name   | Middle Name   |   | Last Name   |   |   |                                  |  |              |                 |       |
|                            | ebtor 2<br>ouse, if filing)                                  | First Name   | Middle Name   |   | Last Name   | -   |   |                                  |  |              |                 |       |
| Un                         | ited States I  | Bankruptcy Court for   | the : <u>NORTHERN</u>   | District of <u>ILLINC</u>   |   |   |   |                                  |  |              |                 |       |
|                            | se Number  |  |   |   | (State)   |   |   |                                  |  |              | Check if this i |       |
| ∩ffi                       | cial E   | orm 106G   |   |   |   |   | _   |                                  |  |              | amended iiiii   | 9     |
|                            |  |  | ory Contracts   | II  |   |   |   |                                  |  |              |                 | 12/15 |
| Be as informaddition 1. Do | complete nation. If monal pages o you have No. Che Yes. Fill | and accurate as p<br>nore space is need<br>s, write your name<br>e any executory co<br>eck this box and su<br>in all of the inform | ossible. If two marri<br>ded, copy the addition<br>and case number (in<br>contracts or unexpired<br>abmit this form to the<br>ation below even if the | ed people are fonal page, fill it if known).  Id leases?  court with your he contracts or lease when you have the | iling together, bot<br>out, number the e<br>other schedules. Y<br>eases are listed in | h are equa<br>ntries, and<br>ou have no<br>Schedule A | attach it to othing else to A/B: Property | report on this  y (Official Foru | n the top of a<br>s form.<br>m 106A/B) | for          |                 |       |
|                            | t <b>ample, re</b> n<br>nexpired le                          |  | cell phone). See the  | instructions for t  | this form in the ins  | ruction boo   | klet for more                             | e examples of                    | executory co                           | ontracts and | d               |       |
| F                          | Person or  | company with wh  | om you have the co  | ntract or lease   |   |   | State                                     | what the con                     | ntract or leas                         | se is for    |                 |       |
| 2.1                        | Earnesti   | ne Connor  |   |   |   |   | Less                                      | sor                              |  |              |                 |       |
|                            | Name   |  |   |   |   | _   |   |                                  |  |              |                 |       |
|                            | 6750 S I<br>Number   | Prairie Ave 1 Street   |   |   |   | -   |   |                                  |  |              |                 |       |
|                            | Chicago  |  |   | IL 60637  |   |   |   |                                  |  |              |                 |       |
|                            | City   |  |   | State Zip Code  |   |   |   |                                  |  |              |                 |       |
| 2.2                        |  |  |   |   |   | _   |   |                                  |  |              |                 |       |
|                            | Name   |  |   |   |   |   |   |                                  |  |              |                 |       |
|                            | Number   | Street   |   |   |   | _   |   |                                  |  |              |                 |       |
|                            | City   |  |   | State Zip Code  |   | _   |   |                                  |  |              |                 |       |
| 2.3                        |  |  |   |   |   |   |   |                                  |  |              |                 |       |
|                            | Name   |  |   |   |   | _   |   |                                  |  |              |                 |       |
|                            | Number   | Street   |   |   |   | _   |   |                                  |  |              |                 |       |
|                            | City   |  |   | State Zip Code  |   | _   |   |                                  |  |              |                 |       |
| 2.4                        |  |  |   |   |   |   |   |                                  |  |              |                 |       |
|                            | Name   |  |   |   |   | -   |   |                                  |  |              |                 |       |
|                            | Number   | Street   |   |   |   | _   |   |                                  |  |              |                 |       |
|                            | City   |  |   | State Zip Code  |   | _   |   |                                  |  |              |                 |       |
| 2.5                        |  |  |   |   |   |   |   |                                  |  |              |                 |       |
|                            | Name   |  |   |   |   | _   |   |                                  |  |              |                 |       |
|                            | Number   | Street   |   |   |   | _   |   |                                  |  |              |                 |       |

State Zip Code

City

| Fill in this in     | formation to ide    | ntify your case:                       |                            |
|---------------------|---------------------|--|----------------------------|
| Debtor 1            | JoAnn               |  | McKenzie                   |
|                     | First Name          | Middle Name                            | Last Name                  |
| Debtor 2            |                     |  |                            |
| (Spouse, if filing) | First Name          | Middle Name                            | Last Name                  |
| United States       | Bankruptcy Court fo | or the : <u>NORTHERN</u> District of _ | <u>ILLINOIS</u><br>(State) |
| Case Number         |                     |  | _                          |
| (If known)          |                     |  |                            |

# Official Form 106H

Schedule H: Your Codebtors 12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| uny 7 | uuitio           | nair ages, write you     | ur name and case number (ii known). Answer every c   | question.  |
|-------|------------------|--------------------------|--|--|
| 1. [  | o you            | have any codebtor        | s? (If you are filing a joint case, do not list either spouse  | se as a codebtor.)                                   |
|       | No.              | 3                        |  |  |
|       |                  | <del>-</del>             | ve you lived in a community property state or territor<br>Lousiiana, Nevada, New Mexico, Puerto Rico, Texas, W                           |  |
| ı     | No.              | Go to line 3.            |  |  |
|       | Yes              | s. Did your spouse, t    | former spouse, or legal equivalent live with you at the ti   | time?  |
|       |                  | •                        | munity state or territory did you live?  | Fill in the name and current address of that person. |
|       |                  | Name of your spouse, for | mer spouse or legal equivalent   |  |
|       |                  | Number Street            |  |  |
|       |                  | City                     | State  | Zip Code   |
| 5     | Schedu<br>Schedu | ıle D (Official Form     | codebtor only if that person is a guarantor or cosign<br>106D), Schedule E/F (Official Form 106E/F), or Sched<br>G to fill out Column 2. | -  |
| 3.1   |                  |                          |  | Schedule D, line                                     |
|       | Name             | e                        |  | Schedule E/F, line                                   |
|       | Numi             | ber Street               |  | Schedule G, line                                     |
|       | City             |                          | State Zi   | Zip Code   |
| 3.2   |                  |                          |  | Schedule D, line                                     |
|       | Name             | 9                        |  | Schedule E/F, line                                   |
|       | Numi             | ber Street               |  | Schedule G, line                                     |
|       | City             |                          | State Zi   | Zip Code   |
| 3.3   |                  |                          |  | Schedule D, line                                     |
|       | Name             | e<br>                    |  | Schedule E/F, line                                   |
|       | Numi             | ber Street               |  | Schedule G, line                                     |
|       | City             |                          | State Zi   | Zip Code   |

Official Form 106H Record # 790679 Schedule H: Your Codebtors Page 1 of 1

| ebtor 1           | JoAnn      |             | McKenzie  |                                    |
|-------------------|------------|-------------|-----------|------------------------------------|
|                   | First Name | Middle Name | Last Name |                                    |
| ebtor 2           |            |             |           |                                    |
| pouse, if filing) | First Name | Middle Name | Last Name |                                    |
| Case Numbe        |            |             |           | Check if this is:                  |
|                   |            |             |           | An amended filing                  |
| IT Known)         |            |             |           |                                    |
| If known)         |            |             |           | A supplement showing post-petition |

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Schedule I: Your Income

Part 1: **Describe Employment** Fill in your employment Debtor 1 Debtor 2 or non-filing spouse information If you have more than one job, attach a separate page with Employed Employed **Employment status** information about additional Not employed Not employed employers. Include part-time, seasonal, or self-employed work. Occupation Occupation may Include student or homemaker, if it applies. **Employers name Employers address** How long employed there? Part 2: **Give Details About Monthly Income** Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary and commissions (before all payroll \$0.00 \$0.00 deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. \$0.00 \$0.00 Calculate gross income. Add line 2 + line 3. \$0.00 \$0.00

Official Form 106I Record # 790679 Schedule I: Your Income Page 1 of 2

Case 18-22758 Doc 1 Filed 08/13/18 Entered 08/13/18 13:10:37 Desc Main Page 31 of 61
Case Number (if known) Document McKenzie

JoAnn Debtor 1

First Name Middle Name Last Name

|               |                       |   |              | For Debtor 1 |          | r Debtor 2 or<br>n-filing spouse |          |                      |
|---------------|-----------------------|---|--------------|--------------|----------|----------------------------------|----------|----------------------|
|               | Cop                   | y line 4 here   | 4.           | \$0.00       |          | \$0.00                           |          |                      |
| 5. <b>Lis</b> | st all                | payroll deductions:   |              |              |          |                                  |          |                      |
|               | 5a. 1                 | Fax, Medicare, and Social Security deductions   | 5a.<br>_     | \$0.00       | _        | \$0.00                           |          |                      |
|               | 5b. <b>I</b>          | Mandatory contributions for retirement plans  | 5b.<br>_     | \$0.00       | _        | \$0.00                           |          |                      |
|               | 5c. <b>\</b>          | /oluntary contributions for retirement plans  | 5c.          | \$0.00       |          | \$0.00                           |          |                      |
|               | 5d. <b>F</b>          | Required repayments of retirement fund loans  | 5d.          | \$0.00       |          | \$0.00                           |          |                      |
|               | 5e. <b>I</b>          | nsurance  | 5e.          | \$0.00       |          | \$0.00                           |          |                      |
|               | 5f. <b>[</b>          | Domestic support obligations  | 5f.          | \$0.00       |          | \$0.00                           |          |                      |
|               | 5g. <b>l</b>          | Jnion dues  | 5g.          | \$0.00       |          | \$0.00                           |          |                      |
|               | 5h. <b>(</b>          | Other deductions. Specify:  | 5h.          | \$0.00       |          | \$0.00                           |          |                      |
| 6. <b>Ad</b>  | d the                 | e payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.  | 6.           | \$0.00       | _        | \$0.00                           |          |                      |
| 7. Cal        | lcula                 | te total monthly take-home pay. Subtract line 6 from line 4.  | 7.           | \$0.00       |          | \$0.00                           |          |                      |
| 8. <b>Lis</b> | t all                 | other income regularly received:  | _            |              | _        | <u>.</u>                         |          |                      |
|               | 8a.                   | Net income from rental property and from operating a business,  |              |              |          |                                  |          |                      |
|               |                       | profession, or farm   |              |              |          |                                  |          |                      |
|               |                       | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total   |              |              |          |                                  |          |                      |
|               |                       | monthly net income.   | 8a.          | \$1,029.00   |          | \$0.00                           |          |                      |
|               | 8b.                   | Interest and dividends  | 8b.          | \$0.00       |          | \$0.00                           |          |                      |
|               | 8c.                   | Family support payments that you, a non-filing spouse, or a   | 8c.          | \$ 0.00      |          | \$ 0.00                          |          |                      |
|               |                       | dependent regularly receive   |              |              |          |                                  |          |                      |
|               |                       | Include alimony, spousal support, child support, maintenance, divorce   |              |              |          |                                  |          |                      |
|               |                       | settlement, and property settlement.  |              |              |          |                                  |          |                      |
|               | 8d.                   | Unemployment compensation   | 8d.          | \$0.00       |          | \$0.00                           |          |                      |
|               | 8e.                   | Social Security   | 8e.          | \$2,011.00   |          | \$0.00                           |          |                      |
|               | 8f.                   | Other government assistance that you regularly receive  | 8f.          | \$0.00       |          | \$0.00                           |          |                      |
|               |                       | Include cash assistance and the value (if known) of any non-cash  |              |              |          |                                  |          |                      |
|               |                       | assistance that you receive, such as food stamps (benefits under the  |              |              |          |                                  |          |                      |
|               |                       | Supplemental Nutrition Assistance Program) or housing subsidies.  |              |              |          |                                  |          |                      |
|               |                       | Specify:  |              |              |          |                                  |          |                      |
|               | 8g.                   | Pension or retirement income  | 8g.<br>—     | \$0.00       |          | \$0.00                           |          |                      |
|               | 8h.                   | Other monthly income. Specify:  | 8h.          | \$0.00       |          | \$0.00                           |          |                      |
| 9.            | Add                   | <b>all other income</b> . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.   | 9            | \$3,040.00   | _        | \$0.00                           |          |                      |
| 10.           | Calc                  | culate monthly income. Add line 7 + line 9.   | 10.          | \$3,040.00   | + [      | \$0.00                           | = Г      | \$3,040.00           |
|               | Add                   | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | L            | 70,0000      | <u> </u> | <b>V</b> 0.00                    | L        | <del>+0,010100</del> |
|               | Inclu<br>othe<br>Do n | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are notify: | our dependen |              |          |                                  | 11       | \$0.00               |
|               |                       | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Ce   |              | •            |          | es                               | 12.      | \$3,040.00           |
| 13.           | Do y                  | ou expect an increase or decrease within the year after you file this form  | 1?           |              |          |                                  | <u> </u> |                      |
|               | X                     | No.<br>Yes. Explain:  |              |              |          |                                  |          |                      |

| Fill in this in        | formation to identify your                          | case:                                      |  |  |  |                               |
|------------------------|---|--|--|--|--|-------------------------------|
| Debtor 1               | JoAnn   |  | McKenzie   | Check if                                       | this is:   |                               |
| Debtor 2               | First Name  | Middle Name                                | Last Name  |  | amended filing                                   | at matition about a 10        |
| (Spouse, if filing)    | First Name  | Middle Name                                | Last Name  |  | upplement showing pos<br>ome as of the following |                               |
| United States          | Bankruptcy Court for the : <u>1</u>                 | NORTHERN DISTRICT (                        | DF ILLINOIS  | <del></del>                                    | /DD //000/                                       |                               |
| Case Number            | r   |  |  | MM   | / DD / YYYY                                      |                               |
|                        |   |  |  |  | eparate filing for Debto                         |                               |
| Official F             | orm 106J  |  |  | ∟ mai  | ntains a separate hous                           | sehold.                       |
| Schedul                | e J: Your Exp                                       | enses                                      |  |  |  | 12/15                         |
|                        | needed, attach another sh                           | = =  | le are filing together, both a<br>he top of any additional pag |  |  |                               |
|                        | Describe Your Household                             |  |  |  |  |                               |
| =                      | Go to line 2.  Does Debtor 2 live in a sep  No.     | parate household?<br>ile a separate Schedu | le J.  |  |  |                               |
| 2. Do you l            | nave dependents?                                    | X No                                       |  | Dependent's relationsh<br>Debtor 1 or Debtor 2 | ip to Dependent's age                            | Does dependent live with you? |
| Do not lis<br>Debtor 2 | st Debtor 1 and<br>                                 |  | this information for dent                                      |  |  | X No                          |
| Do not s               | tate the dependents'                                |  |  |  |  | Yes                           |
| names.                 |   |  |  |  |  | X No                          |
|                        |   |  |  |  |  | Yes                           |
|                        |   |  |  |  |  | X No<br>Yes                   |
|                        |   |  |  |  |  | X No                          |
|                        |   |  |  |  |  | _ Yes                         |
|                        |   |  |  |  |  | X No                          |
|                        |   |  |  |  |  | Yes                           |
| -                      | expenses include                                    | X No                                       |  |  |  |                               |
|                        | s of people other than and your dependents?         | Yes  |  |  |  |                               |
| Part 2:                | Estimate Your Ongoing Mon                           | thly Expenses                              |  |  |  |                               |
| -                      |   |  | less you are using this form                                   |  | •  |                               |
| the applicable         | =   | icy is filed. If this is a                 | supplemental <i>Schedule J</i> ,                               | check the box at the top of                    | t the form and fill in                           |                               |
|                        | -   | =  | nnce if you know the value                                     |  |  | Your expenses                 |
|                        |   |  | Income (Official Form 106l.)                                   |  |  |                               |
|                        | tal or home ownership exp<br>for the ground or lot. | enses for your resid                       | ence. Include first mortgage                                   | payments and                                   | 4.   | \$1,029.20                    |
|                        | cluded in line 4:                                   |  |  |  |  |                               |
| 4a. Re                 | eal estate taxes                                    |  |  |  | 4a.  | \$0.00                        |
| 4b. Pro                | operty, homeowner's, or re                          | nter's insurance                           |  |  | 4b.  | \$0.00                        |
| 4c. Ho                 | ome maintenance, repair, a                          | nd upkeep expenses                         |  |  | 4c.  | \$0.00                        |
| 4d. Ho                 | omeowner's association or o                         | condominium dues                           |  |  | 4d.  | \$0.00                        |

Schedule J: Your Expenses

Entered 08/13/18 13:10:37 Desc Main Filed 08/13/18 Case 18-22758 Doc 1 Document McKenzie

JoAnn

First Name

Debtor 1

Middle Name Last Name Page 33 of 61

Case Number (if known) \_

|     |   |      | Your expenses | i        |
|-----|---|------|---------------|----------|
| 5.  | Additional Mortgage payments for your residence, such as home equity loans                            | 5.   |               | \$0.00   |
| 6.  | Utilities:  |      |               | 440000   |
|     | 6a. Electricity, heat, natural gas  | 6a.  |               | \$100.00 |
|     | 6b. Water, sewer, garbage collection  | 6b.  |               | \$0.00   |
|     | 6c. Telephone, cell phone, internet, satellite, and cable service                                     | 6c.  |               | \$180.00 |
|     | 6d. Other. Specify:   | 6d.  | \$            | 0.00     |
| 7.  | Food and housekeeping supplies  | 7.   |               | \$350.00 |
| 8.  | Childcare and children's education costs  | 8.   |               | \$0.00   |
| 9.  | Clothing, laundry, and dry cleaning   | 9.   |               | \$70.00  |
| 10. | Personal care products and services   | 10.  |               | \$70.00  |
| 11. | Medical and dental expenses   | 11.  |               | \$50.00  |
| 12. | <b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments.     | 12.  |               | \$288.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books                                    | 13.  |               | \$0.00   |
| 14. | Charitable contributions and religious donations  | 14.  |               | \$0.00   |
| 15. | Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.             |      |               |          |
|     | 15a. Life insurance   | 15a. |               | \$66.00  |
|     | 15b. Health insurance   | 15b. |               | \$0.00   |
|     | 15c. Vehicle insurance  | 15c. |               | \$0.00   |
|     | 15d. Other insurance. Specify:  | 15d. |               | \$0.00   |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.                      |      |               |          |
|     | Specify:  | 16.  |               | \$0.00   |
| 17. | Installment or lease payments:  |      |               |          |
|     | 17a. Car payments for Vehicle 1   | 17a. |               | \$140.00 |
|     | 17b. Car payments for Vehicle 2   | 17b. |               | \$0.00   |
|     | 17c. Other. Specify:  | 17c. |               | \$0.00   |
|     | 17d. Other. Specify:  | 17d. |               | \$0.00   |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted                |      |               |          |
|     | from your pay on line 5, Schedule I, Your Income (Official Form 106I).                                | 18.  |               | \$0.00   |
| 19. | Other payments you make to support others who do not live with you.                                   |      |               |          |
|     | Specify:  | 19.  |               | \$0.00   |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. |      |               |          |
|     | 20a. Mortgages on other property  | 20a. |               | \$ 0.00  |
|     | 20b. Real estate taxes  | 20b. | \$            | 0.00     |
|     | 20c. Property, homeowner's, or renter's insurance   | 20c. | \$            | 0.00     |
|     | 20d. Maintenance, repair, and upkeep expenses   | 20d. | \$            | 0.00     |
|     | 20e. Homeowner's association or condominium dues  | 20e. | \$            | 0.00     |

Schedule J: Your Expenses

Case 18-22758 Doc 1 Filed 08/13/18 Entered 08/13/18 13:10:37 Desc Main Document Page 34 of 61

JoAnn Debtor 1 Case Number (if known) \_ First Name Middle Name Last Name \$0.00 21. 21. Other. Specify: 22.. Your monthly expense: Add lines 4 through 21. \$2,343.20 22. The result is your monthly expenses. 23. Calculate your monthly net income. 23a. \$3,040.00 Copy line 12 (your comibined monthly income) from Schedule I. 23a. \$2,343.20 23b. Copy your monthly expenses from line 22 above. 23b.-\$696.80 23c. Subtract your monthly expenses from your monthly income. 23c. The result is your monthly net income. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? X No Yes. Explain Here:

Official Form 106J Record # 790679 Schedule J: Your Expenses Page 3 of 3

| Fill in this in           | ill in this information to identify your case: |                                     |                  |  |  |  |  |  |
|---------------------------|--|-------------------------------------|------------------|--|--|--|--|--|
| Debtor 1                  | JoAnn  | McKenzie                            |                  |  |  |  |  |  |
|                           | First Name                                     | Middle Name                         | Last Name        |  |  |  |  |  |
| Debtor 2                  |  |                                     |                  |  |  |  |  |  |
| (Spouse, if filing)       | First Name                                     | Middle Name                         | Last Name        |  |  |  |  |  |
| United States             | Bankruptcy Court for                           | r the : <u>NORTHERN</u> District of | ILLINOIS (State) |  |  |  |  |  |
| Case Number<br>(If known) |  |                                     | _                |  |  |  |  |  |

## Official Form 106 Dec

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below   |   |
|--|---|
| Did you pay or agree to pay someone who is N               | OT an attorney to help you fill out bankruptcy forms?   |
| No   |   |
| Yes. Name of Person  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|  |   |
|  |   |
|  |   |
| Under penalty of perjury, I declare that I have recorrect. | ead the summary and schedules filed with this declaration and that they are true and          |
|  |   |
| /s/ JoAnn McKenzie Signature of Debtor 1                   | Signature of Debtor 2   |
| 00/00/0040   |   |
| Date 08/09/2018<br>MM / DD / YYYY                          | DateMM / DD / YYYY  |
|  |   |

Case 18-22758 Doc 1 Filed 08/13/18 Entered 08/13/18 13:10:37 Desc Main Document Page 36 of 61

| Fill in this in     | Fill in this information to identify your case: |   |           |  |  |  |  |  |  |
|---------------------|---|---|-----------|--|--|--|--|--|--|
| Debtor 1            | JoAnn   |   | McKenzie  |  |  |  |  |  |  |
|                     | First Name                                      | Middle Name                             | Last Name |  |  |  |  |  |  |
| Debtor 2            |   |   |           |  |  |  |  |  |  |
| (Spouse, if filing) | First Name                                      | Middle Name                             | Last Name |  |  |  |  |  |  |
| United States       | Bankruptcy Court                                | for the : <u>NORTHERN</u> District of _ | ILLINOIS_ |  |  |  |  |  |  |
| Case Number         |   |   | (State)   |  |  |  |  |  |  |
| (If known)          |   |   | _         |  |  |  |  |  |  |
|                     |   |   |           |  |  |  |  |  |  |

# Official Form 107

#### Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| number (if known). Answer every question.  |   |                               |                                    |   |                                    |  |  |  |  |  |  |  |
|--|---|-------------------------------|------------------------------------|---|------------------------------------|--|--|--|--|--|--|--|
| Part 1: Give Details About Your Marital Status and Where You Lived Before  |   |                               |                                    |   |                                    |  |  |  |  |  |  |  |
| 01. What is your current marital status?   |   |                               |                                    |   |                                    |  |  |  |  |  |  |  |
|  | Married   |                               |                                    |   |                                    |  |  |  |  |  |  |  |
|  | Not married   |                               |                                    |   |                                    |  |  |  |  |  |  |  |
| 02   | 02 During the last 3 years, have you lived anywhere other than where you live now?  |                               |                                    |   |                                    |  |  |  |  |  |  |  |
| No.  |   |                               |                                    |   |                                    |  |  |  |  |  |  |  |
| Yes. List all of the places you lived in the last 3 years. Do not include where you live now.  |   |                               |                                    |   |                                    |  |  |  |  |  |  |  |
|  | Debtor 1  | Dates Debtor                  | 1 Debtor 2:                        |   | Dates Debtor 2                     |  |  |  |  |  |  |  |
| 03   | IAlishin the leet O years did year even live with a   | lived there                   | in a community much of the         | a an tamitam 2 (Camananaita               | lived there                        |  |  |  |  |  |  |  |
|  | 03 Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) |                               |                                    |   |                                    |  |  |  |  |  |  |  |
|  | No.   |                               |                                    |   |                                    |  |  |  |  |  |  |  |
|  | Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).  |                               |                                    |   |                                    |  |  |  |  |  |  |  |
|  |   |                               |                                    |   |                                    |  |  |  |  |  |  |  |
| Part 2: Explain the Sources of Your Income   |   |                               |                                    |   |                                    |  |  |  |  |  |  |  |
| Did you have any income from employment or from operating a business during this year or the two previous calendar years?  Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. |   |                               |                                    |   |                                    |  |  |  |  |  |  |  |
|  | If you are filling a joint case and you have income that you receive together, list it only once under Debtor 1.  |                               |                                    |   |                                    |  |  |  |  |  |  |  |
| ■ No.  |   |                               |                                    |   |                                    |  |  |  |  |  |  |  |
|  | Yes. Fill in the details  Debtor 1  Debtor 2  |                               |                                    |   |                                    |  |  |  |  |  |  |  |
|  |   | Debtor 1<br>Sources of income |                                    |   | Gross income                       |  |  |  |  |  |  |  |
|  |   | Check all that apply          | (before deductions and exclusions) | Sources of income<br>Check all that apply | (before deductions and exclusions) |  |  |  |  |  |  |  |
|  |   |                               |                                    |   |                                    |  |  |  |  |  |  |  |
|  |   |                               |                                    |   |                                    |  |  |  |  |  |  |  |
|  |   |                               |                                    |   |                                    |  |  |  |  |  |  |  |
|  |   |                               |                                    |   |                                    |  |  |  |  |  |  |  |
|  |   |                               |                                    |   |                                    |  |  |  |  |  |  |  |
|  |   |                               |                                    |   |                                    |  |  |  |  |  |  |  |
|  |   |                               |                                    |   |                                    |  |  |  |  |  |  |  |
|  |   |                               |                                    |   |                                    |  |  |  |  |  |  |  |

Case 18-22758 Doc 1 Filed 08/13/18 Entered 08/13/18 13:10:37 Desc Main Document Page 37 of 61 Debtor 1 JoAnn McKenzie Case Number (if known) First Name Middle Name Last Name 05 Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income Gross income Sources of income **Gross income** Describe below. (before deductions and Describe below. (before deductions and exclusions) exclusions) Rental Income \$8232 From January 1 of current year until the date you filed for bankruptcy: Social Security \$14,077 Income Rental Income \$10,068 For last calendar year: (January 1 to December 31, 2017) Social Security \$24,132 Income Rental Income \$10,068 For last calendar year: (January 1 to December 31, 2016) \$24,132 Social Security Income Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

Case 18-22758 Doc 1 Filed 08/13/18 Entered 08/13/18 13:10:37 Desc Main Document Page 38 of 61

JoAnn McKenzie Case Number (if known) \_ Debtor 1 First Name Middle Name Last Name Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of Total amount paid Amount you still owe Was this payment for... payments BK OF AMER 4909 Savarese Cir \$ 88,526 Monthly \$ 3,087 Mortgage Car Tampa FL 33634 Credit card Loan repayment Suppliers or vendors Other PERSONAL FINANCE/Marin Monthly \$ 750 \$ 5,953 ☐ Mortgage Car 8211 Town Center Dr Baltimore Credit card MD 21236 Loan repayment Suppliers or vendors Other \_ Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No. Yes. List all payments to an insider. Dates of **Total amount** Amount you still Reason for this payment payment paid owe

Case 18-22758 Doc 1 Filed 08/13/18 Entered 08/13/18 13:10:37 Desc Main Document Page 39 of 61

| Debtor 1    | 1 JoAnn  | McKenzie  | Case Number (if known                   | n)   |
|-------------|--|---|---|--|
|             | First Name   | Middle Name Last Name   |   |  |
| aı          | Vithin 1 year before you filed for be<br>n insider?<br>nclude payments on debts guaran | ankruptcy, did you make any payments or transfer  | any property on account of a debt tha   | at benefited                                       |
|             | _  | Ç   |   |  |
| -           | No.  | id  |   |  |
| L           | Yes. List all payments to an ins   |   |   |  |
|             |  | Dates of Total a payment paid   | amount Amount you still owe             | Reason for this payment<br>Include creditor's name |
|             |  | paymont   | CIIIC                                   | include crouncer o name                            |
| Part        | Identify Legal actions, Rep  | possessions, and Foreclosures   |   |  |
| Li          |  | ankruptcy, were you a party in any lawsuit, court ac<br>sonal injury cases, small claims actions, divorces, c<br>es.                              |   | port or custody                                    |
|             | No.  |   |   |  |
| Ī           | Yes. Fill in the details.  |   |   |  |
|             | -  | Nature of the case  | Court or agency                         | Status of the case                                 |
|             | Vithin 1 year before you filed for b<br>Check all that apply and fill in the d         | ankruptcy, was any of your property repossessed, details below.   |   | ed, or levied?                                     |
|             | No. Go to line 11  |   |   |  |
| Ī           | Yes. Fill in the information belo  | w.  |   |  |
| _           | _  |   |   |  |
|             | Vithin 90 days before you filed for refuse to make a payment beca                      | or bankruptcy, did any creditor, including a bank<br>ause you owed a debt?  | or financial institution, set off any a | amounts from your accounts                         |
|             | No. Go to line 11  |   |   |  |
| Г           | Yes. Fill in the information belo  | w.  |   |  |
| _           |  | bankruptcy, was any of your property in the poss  | session of an assignee for the bene     | efit of creditors, a                               |
| CC          | ourt-appointed receiver, a custo   | dian, or another official?  |   |  |
|             | No.  |   |   |  |
|             | Yes.   |   |   |  |
|             | List Certain Gifts and Cont  | tributions.   |   |  |
| Par         |  |   |   |  |
| 13 <b>W</b> | Vithin 2 years before you filed fo   | r bankruptcy, did you give any gifts with a total v   | alue of more than \$600 per person'     | ?  |
|             | No.  |   |   |  |
|             | Yes. Fill in the details for each  | gift.   |   |  |
| 14 <b>W</b> | Vithin 2 years before you filed fo   | r bankruptcy, did you give any gifts or contributi  | ons with a total value of more than     | \$600 to any charity?                              |
|             | No.  |   |   |  |
| -           | Yes. Fill in the details for each  | aift  |   |  |
|             |  | gnt.  |   |  |
| Part        | List Certain Losses  |   |   |  |
|             | Vithin 1 year before you filed for ambling?  | bankruptcy or since you filed for bankruptcy, did   | I you lose anything because of thef     | it, fire, other disaster, or                       |
|             | No.  |   |   |  |
| Ī           | Yes. Fill in the details for each  | gift.   |   |  |
| _           | _  |   |   |  |
| Pari        | List Certain Payments or 1   | ransfers -  |   |  |
| C           | onsulted about seeking bankrup   | bankruptcy, did you or anyone else acting on yo<br>otcy or preparing a bankruptcy petition?<br>y petition preparers, or credit counseling agencie |   |  |
| Г           | ¬ No.  |   |   |  |
|             | Yes. Fill in the details   |   |   |  |
|             | . 55. Tim in the details   |   |   |  |
|             |  |   |   |  |
|             |  |   |   |  |
|             |  |   |   |  |
|             |  |   |   |  |
|             |  |   |   |  |

Case 18-22758 Doc 1 Filed 08/13/18 Entered 08/13/18 13:10:37 Desc Main

Last Name

|    | Party Contact Info   | Description and value of a  | ny property transferred        | Date payme<br>or transfer | nt Amount of payment   |
|----|--|---|--------------------------------|---------------------------|--|
|    | Geraci Law L.L.C.  55 E. Monroe Street #3400 Chicago,IL 60603  |   |                                |                           | Payment/Value:<br>\$4,000.00: \$0.00<br>paid prior to filing,<br>balance to be paid<br>through the plan. |
|    | Party Contact Info   | Description and value of a  | ny property transferred        | Date payme or transfer    | nt Amount of payment   |
|    | Hananwill Credit Counseling  115 N. Cross St.  Robinson, IL 62454  | Credit Counseling Services  |                                | 2018                      | \$25.00  |
| 17 | Within 1 year before you filed for bankruptcy promised to help you deal with your creditor Do not include any payment or transfer that you not include any p | s or to make payments to your cred                                | • •                            | iny property to anyor     | ne who   |
| 18 | Within 2 years before you filed for bankruptor transferred in the ordinary course of your but lnclude both outright transfers and transfers. Do not include gifts and transfers that you have the large of the large  | siness or financial affairs?<br>made as security (such as the gra | nting of a security interest o |                           | -  |
| 19 | Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-property No.  Yes. Fill in the details for each gift.   | rotection devices.)   |                                | ar device of which yo     | ou are a   |
| 20 | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associated.  | r, were any financial accounts or in                              | struments held in your name    | -                         |  |
|    | Yes. Fill in the details.  | Last 4 digits of account number                                   | instrument clos                |                           | ast balance before<br>closing or transfer  |
| 21 | Do you now have, or did you have within 1 you cash, or other valuables?  No.   | ear before you filed for bankruptcy                               | any safe deposit box or oth    | er depository for sec     | curities,  |
|    | Yes. Fill in the details.  | Who else had access to it?  | Describe the contents          |                           | Do you still lave it?  |

First Name

Middle Name

Case 18-22758 Doc 1 Filed 08/13/18 Entered 08/13/18 13:10:37 Desc Main Document Page 41 of 61

| Debtor 1        | JoAnn  | McKenzie  | Case Number (if known) _                |                    |
|-----------------|--|---|---|--------------------|
|                 | First Name                                   | Middle Name Last Name   |   |                    |
| 22 <b>H</b> a   | ave you stored property in a s               | storage unit or place other than your home within 1   | year before you filed for bankruptcy?   |                    |
|                 | No.  |   |   |                    |
| -               | Yes. Fill in the details.                    |   |   |                    |
|                 | 1 co. 1 iii iii die detailo.                 | Who else has or had access to it?   | Describe the contents                   | Do you still       |
|                 |  |   | 2000.130 1110 001101110                 | have it?           |
| Part            | Identify Property You Ho                     | old or Control for Someone Else   |   |                    |
|                 |  |   |   |                    |
|                 | o you hold or control any pro<br>or someone. | perty that someone else owns? Include any proper  | ty you borrowed from, are storing for,  | or hold in trust   |
| _               | _  |   |   |                    |
|                 | No.  |   |   |                    |
| L               | Yes. Fill in the details.                    | Where is the manager?   | Describe the manager.                   | Value              |
|                 |  | Where is the property?  | Describe the property                   | Value              |
| Part            | Give Details About Envi                      | ronmental Information   |   |                    |
| For the         | e purpose of Part 10, the folio              | owing definitions apply:  |   |                    |
|                 |  | 3   |   |                    |
| ha              | zardous or toxic substances,                 | ederal, state, or local statute or regulation concerni<br>wastes, or material into the air, land, soil, surface v<br>s controlling the cleanup of these substances, was | vater, groundwater, or other medium,    | of                 |
|                 |  | r, or property as defined under any environmental la<br>ilize it, including disposal sites.   | aw, whether you now own, operate, or    | utilize            |
|                 | •  | hing an environmental law defines as a hazardous pollutant, contaminant, or similar term.   | waste, hazardous substance, toxic       |                    |
| Repor           | t all notices, releases, and pr              | oceedings that you know about, regardless of wher   | they occurred.                          |                    |
| 24 <b>H</b> a   | as any governmental unit not                 | ified you that you may be liable or potentially liable  | under or in violation of an environme   | ntal law?          |
|                 | No.  |   |   |                    |
|                 | Yes. Fill in the details.                    |   |   |                    |
| _               | Too. This is the dotalle.                    | Governmental unit   | Environmental law, if you know it       | Date of notice     |
|                 |  |   |   |                    |
| 25 Ha           | ave you notified any governm                 | nental unit of any release of hazardous material?   |   |                    |
|                 | No.  |   |   |                    |
|                 | Yes. Fill in the details.                    |   |   |                    |
|                 |  | Governmental unit   | Environmental law, if you know it       | Date of notice     |
| 26 🗓            | ovo vou boon a norty in any i                | udicial or administrative proceeding under any envi   | ronmental law2 Include cattlements a    | nd ordere          |
| <sup>20</sup> ⊓ | ave you been a party in any ju               | udicial or administrative proceeding under any envi   | ronnientai iaw i include settiements ai | iu orders.         |
|                 | No.  |   |   |                    |
| L               | Yes. Fill in the details.                    |   |   |                    |
|                 |  | Court or agency   | Nature of the case                      | Status of the case |
|                 | Give Peteile About Your                      | Business or Connections to Any Business   |   |                    |
| Part            | Give Details About Your                      | Business or Connections to Any Business   |   |                    |
| 27 W            | ithin 4 years before you filed               | for bankruptcy, did you own a business or have an   | y of the following connections to any   | business?          |
|                 | A sole proprietor or self                    | employed in a trade, profession, or other activity,   | either full-time or part-time           |                    |
|                 | A member of a limited li                     | ability company (LLC) or limited liability partnershi   | p (LLP)                                 |                    |
|                 | A partner in a partnersh                     | ip  |   |                    |
|                 | An officer, director, or n                   | nanaging executive of a corporation   |   |                    |
|                 | An owner of at least 5%                      | of the voting or equity securities of a corporation   |   |                    |
| _               | _  |   |   |                    |
|                 | No. None of the above applic                 | es. Go to Part 12.  |   |                    |
|                 | Yes. Check all that apply about              | ove and fill in the details below for each business.  |   |                    |
|                 |  |   |   |                    |
|                 |  |   |   |                    |
|                 |  |   |   |                    |
|                 |  |   |   |                    |

Case 18-22758 Doc 1 Filed 08/13/18 Entered 08/13/18 13:10:37 Desc Main Document Page 42 of 61

| Debtor 1 | JoAnn   |                          | McKenzie                             | Case Number (if known)                            |       |
|----------|---|--------------------------|--------------------------------------|---|-------|
|          | First Name  | Middle Name              | Last Name                            |   |       |
|          | thin 2 years before you<br>titutions, creditors, or c |                          | you give a financial statement to    | anyone about your business? Include all financial |       |
|          | No.   |                          |                                      |   |       |
|          | Yes. Fill in the details.                             |                          |                                      |   |       |
|          |   | Date is:                 | sued                                 |   |       |
| Part 12  | Sign Below  |                          |                                      |   |       |
|          | .S.C. §§ 152, 1341, 1519                              |                          | 4.                                   |   |       |
| X        | /s/ JoAnn McKenzie                                    | е                        | ×                                    |   |       |
|          | Signature of Debtor 1                                 |                          | Signature of D                       | ebtor 2   |       |
|          | D . 09/00/2019  |                          | ъ.                                   |   |       |
|          | Date 08/09/2018<br>MM / DD / YY                       | ΥΥ                       | Date<br>MM / I                       | DD / YYYY   |       |
| Did y    | you attach additional pa                              | ages to Your Statement o | of Financial Affairs for Individuals | s Filing for Bankruptcy (Official Form 107)?      |       |
|          | No  |                          |                                      |   |       |
|          | Yes   |                          |                                      |   |       |
| Did y    | you pay or agree to pay                               | someone who is not an    | attorney to help you fill out bank   | ruptcy forms?                                     |       |
|          | No  |                          |                                      |   |       |
|          | Yes. Name of person _                                 |                          |                                      | Attach the Bankruptcy Petition Preparer's Notice, |       |
|          |   |                          |                                      | Declaration, and Signature (Official Form         | 119). |

Doc 1 Filed 08/13/18 Entered 08/13/18 13:10:37 Desc Main Case 18-22758 Document Page 43 of 61

B2030 (Form 2030) (12/15)

## United States Bankruptcy Court

NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

| In  | re                      |   |  |                               |                             |
|-----|-------------------------|---|--|-------------------------------|-----------------------------|
| JoA | Ann McKei               | nzie / Debtor   |  | Case No:                      |                             |
|     |                         |   |  | Chapter:                      | Chapter 13                  |
|     |                         | DISCLOSU  | RE OF COMPENSATION O   | F ATTORNEY FOR DEE            | STOR                        |
|     | npensation j            | o 11 U.S.C. § 329(a) and Fed. Ban<br>paid to me within one year before t<br>be rendered on behalf of the debtor | he filing of the petition in bank                              | cruptcy, or agreed to be paid | l to me, for services       |
|     | For legal               | services, I have agreed to accept   | \$4,000.00   |                               |                             |
|     | Prior to tl             | ne filing of this statement I have re-  | seived <b>\$0.00</b>   |                               |                             |
|     | Balance I               | Due   | \$4,000.00   |                               |                             |
| 2.  | The sourc               | e of the compensation paid to me v  | vas:   |                               |                             |
|     | Deb                     | otor(s) Other: (specify   | )  |                               |                             |
| 3.  | The sourc               | e of compensation to be paid to me  | e is:  |                               |                             |
|     | De                      | btor(s) Other: (specify   | ·)   |                               |                             |
| 4.  |                         | e not agreed to share the above-disy law firm.  | closed compensation with any                                   | other person unless they ar   | e members and associates    |
|     |                         | e agreed to share the above-disclos<br>y law firm. A copy of the agreeme<br>hed.                                |  |                               |                             |
| 5.  | In return f case, inclu | for the above-disclosed fee, I have adding:   | agreed to render legal service f                               | or all aspects of the bankrup | ptcy                        |
|     |                         | ysis of the debtor's financial situat   | ion, and rendering advice to th                                | e debtor in determining who   | ether to file a petition in |
|     |                         | ruptcy;   | 1 11 44 6 66   | 1.1 12.1                      | • 1                         |
|     | _                       | aration and filing of any petition, so  |  |                               |                             |
|     | с. керг                 | esentation of the debtor at the meet  | ing of creditors and confirmati                                | ion nearing, and any adjourn  | ned hearings thereof;       |
| 6.  | By agreen               | nent with the debtor(s), the above-o  | lisclosed fee does not include t                               | he following service:         |                             |
|     |                         |   |  |                               |                             |
|     |                         |   | CERTIFICATION  |                               |                             |
|     |                         | I certify that the foregoing is payment to me for representation  | a complete statement of any an of the debtor(s) in this bankru |                               | or                          |
|     |                         | Date: 08/09/2018  | /s/ Steven Scott C   | Camp                          |                             |
|     |                         | Date  | Signature of Attor   | ney                           |                             |
|     |                         |   | Geraci Law L.L.  | C.                            |                             |

Page 1 of 1 Record # 790679

Name of law firm

Doc 1 Filed 08/13/18 Entered 08/13/18 Degrate Haw Page 44 of 61
National Headquarters: 55 E. Monroe Street, #3400 Chicago, IL 60603 Entered 08/13/18 13:10:37 Desc Main Case 18-22758 Doc 1

1-866-925-1313 www.infotapes.com

Date: 8/2/2018

Consultation Attorney: JMV

Record #: 790-679



| Attorney Retainer Agreement Chapter 13   |
|--|
| X // The undersigned hires Geraci Law L.L.C. for representation in a Chapter 13 bankruptcy. I have signed and received a copy of any                                       |
| Court Approved Retention Agreement" (CARA) or "Rights and Responsibilities" (RR) between Chapter 13 Debtors and their Attorneys". Any terms that                           |
| conflict with it are null and void. I agree to comply with those terms. Attorney fees for filed Chapter 13 Bankruntcy shall be \$or the fee stated in                      |
| the CARA or RR if applicable. I have been advised of my Chapter 7 alternative and choose to file Chapter 13 instead even though it usually costs more.                     |
| Wore than 1 attorney or paralegal will work on my case. I will use CLIENT CORNER and read all material on it and the Geraci Law Website                                    |
| FEES: In addition to Attorney fees you agree to pay any court costs, educational course costs, \$25 for postage; \$15 for copies; PACER                                    |
| charges up to \$5.00 where a motion to extend or impose stay is necessary and prior case was not with us; actual costs of certified mail. Any amount not paid              |
| by me prior to the case being filed shall be paid ahead of creditors through the Chapter 13 Trustee. The CARA fee is a flat fee, but my attorneys may apply to             |
| the court for additional fees based on the following hourly rates: Attorney- \$275/hr; Senior Attorney- \$375/hr; Supervising Attorney-\$450/hr; Paralegal-\$85/hr; Senior |
| Paralegal-\$150/hr. if allowed by the CARA or court order, such as excessive work, motions, evidentiary hearings, adversary proceedings or appeals. Fees are               |
| "flat fees" and "advance payment retainers" for pre-filing and pre-confirmation work, become property of this firm on payment, and are deposited into the                  |
| firm's operating account. I can choose to pay on an hourly basis, but flat fee usually results in me paying less. Payments are applied to the "flat fee". If this          |
| contract is terminated by either party prior to the filling of the case, we will refund unearned fees. If I close my file, my case is dismissed or breach this contract    |
| I agree to pay for the work done. In Wisconsin, I can submit fee disputes to binding arbitration within 30 days with the Wisconsin Lawyers fund for Client                 |
| Protection(c/o State Bar of Wisconsin, P.O. Box 7158, Madison, WI 53707-7158) I assign to my attorney all amounts tendered as filing fees or court costs and               |
| authorize my attorney to transfer said funds from his trust account to his operating account in payment of all outstanding fees owed by me if case is not filed.           |
| X Attorney fees and costs get paid before my creditors before mortgage arrears, and vehicles scheduled to be paid in the plan, start                                       |
| getting paid. Vehicles may be scheduled to get a small payment to cover depreciation each month, like \$15-100, until attorney fees are paid, then the vehicle             |
| gets larger payments, so the vehicle is paid in about the same time as it would be if the attorney fees were not first. RESULT: if I fail to complete the plan, I          |
| may end-up paying my attorney but not as much on my vehicle and mortgage arrears and other creditors, so I will to do my best to complete the plan.                        |
| x Injury or other claims or property I now have or acquire after filing Chapter 13, I must disclose to Geraci law and the Chapter 13 trustee                               |
| and to the Bankruptcy Court and my creditors in a filed ementioned and obtain authority to keep them or nay those delates the Trustee                                      |
| and to the Bankruptcy Court and my creditors, in a filed amontment and obtain authority to keep them or pay those claims to the Trustee.  PLAN: My estimated payment is \$ |
| expenses, assets and debts. The payment or length may need to be increased for all or part of the plan term. The Court, Chapter 13 Trustee or creditors                    |
| could object to my proposed Chapter 13 payment, which may cause it to increase. I agree to read my petition and plan and study it before signing it so I                   |
| know what is included, INCLUDING what debts, assets property and exemptions I am claiming, and to make full disclosure to every question                                   |
| TAX REFUNDS or other income during plan: I will send my IRS and state tax returns to my attorney or the Trustee each year. I will turn                                     |
| over refunds, addititional income or assets to the Trustee unless I am already paying my creditors 100%. If my income or expenses change, my plan payment                  |
| may have to change. If I am eligible to receive a tax refund during my Chapter 13, I may have to send it to the Chapter 13 Trustee unless I am specifically                |
| advised that I do not need to. If I receive any significant sums of money other than through employment, including but not limited to life insurance proceeds,             |
| workers compensation award, personal injury or other court settlement, I MUST notify my attorney immediately and I may have to pay some or all of the funds                |
| into my Chapter 13 plan. I will make sure if I get INJURED or get A CLAIM after filing I WILL DISCLOSE IT BY AMENDING MY CASE  |
| Plan payment includes all debts I list, unless plan states otherwise: I may be paying some creditors directly. My plan payment does  |
| NOT include include future mortgage, rent, condo fees and support payments; criminal fines/court fees; rent/lease arrears; student loan principal and interest             |
| unless 100% planned to unsecured creditors, sold property taxes; debts incurred after the case is filed, including any taxes or HOA fees as long as the                    |
| property is in my name; other  |
| Student loans: are usually NEVER paid 100% in a Chapter 13, so my student loans will CONTINUE to accrue interest, and if I don't pay                                       |
| them directly they will be even larger at the end of the plan, so I have been told about this and I will deal with my student loans myself directly                        |
| Debts not discharged if not paid in full: student loans; educational debts; tax debt interest; unfiled or late filed tax debts; undisclosed                                |
| debts; support/maintenance debts; debts incurred by fraud, or debts listed in your red folder or found non-dischargeable by a Judge.                                       |
| XOur Representation is limited to Bankruptcy Court until Discharge or case closing of this bankruptcy. We do not represent you in  |
| state court, or in loan modifications, short sales, etc. Any delay in filing could result in judgments or liens we can't eliminate in bankrupcy. When this case is         |
| closed by the Clerk or you receive a discharge, whichever is first, our representation of you ends.  |
| X Changes after this: I cannot transfer any property or incur any credit or debt without the express permission of my attorney or the Court                                |
| and must make full disclosure of all income, expenses, debts and assets in my initial consultation and on my bankruptcy petition.  |
| No Discharge If I fail to remain current in a domestic support obligation (DSO), or fail to certify to the Court that I have remained current in                           |
| DSO or mortgage payments, or if I fail to take my financial management class. I have received the 11 U.S.C § 527(a) disclosures on a separate sheet.                       |
| TARO - A MANO - A  |
| X MUM // COMP X  |
| JoAnn McKenzie (Detator) (Joint Debtor)  |
| X X Dated: 8-2-18  |
| Attorney for the Debtor(s) Representing Geraci Law L.L.C.  |

## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

# RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

## A. BEFORE THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

## THE ATTORNEY AGREES TO

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.



# Case 18-22758 Doc 1 Filed 08/13/18 Entered 08/13/18 13:10:37 Desc Main Document Page 46 of 61

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

## B. AFTER THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

### THE ATTORNEY AGREES TO

1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.



Case 18-22758 Doc 1 Filed 08/13/18 Entered 08/13/18 13:10:37 Desc Main Document Page 47 of 61

- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307 (a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.



# C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

## D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

| <br>The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:   |
|--|
| <br>The attorney nereby provides the foreward and the state of the state o |

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows: purpose: provide some money for attorney without waiting 6 months. Advantage to debtor: costs client less by reducing administrative expense and encouraging efficiency rather than charging by hour and submitting bills.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;



Case 18-22758 Doc 1 Filed 08/13/18 Entered 08/13/18 13:10:37 Desc Main Document Page 49 of 61

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

#### E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank]



Case 18-22758 Doc 1 Filed 08/13/18 Entered 08/13/18 13:10:37 Desc Main Document Page 50 of 61

## F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$ 4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$310.00

| 3. Before signing this agreement, the attorney h | nas received. | \$ 0.00    |        |                |
|--|---------------|------------|--------|----------------|
| toward the flat fee, leaving a balance due of \$ | 4000.00       | ; and \$ _ | 210.00 | _for expenses, |
| leaving a balance due of \$                      |               |            |        |                |

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date: 8 / 7 / 18

Signed:

Deproi(s)

Co-Debtor(s)

Attorney for the Debtor(s)

Do not sign this agreement if the amounts are blank.

### 

FEE PRIORITY CHAPTER 13 DISCLOSURE: This disclosure explains the payment structure in your Chapter 13 and its effects. It is a supplement to your signed Court Approved Retention Agreement, and does not change any of its terms.

ATTORNEY FEES PAID THROUGH CHAPTER 13: Before filing your Chapter 13, you paid \$ 0.00 toward our attorneys' fees for the bankruptcy. We agreed with you that the remaining balance on attorneys' fees of \$ 4,000.00 , plus any costs advanced or billed, will be paid to us over time through your Trustee payments if the Court approves our Application. Pre-confirmation payments to Geraci Law LLC are held by the Trustee and disbursed to Geraci Law LLC upon confirmation or dismissal(whichever is earlier).

ORDER OF PAYMENTS: Unless treated otherwise in your Plan, creditor's claims will be paid by the Trustee pro rata in the following order: (1) post-filing mortgage payments (if being paid in the Chapter 13); (2) monthly payments on non-mortgage secured claims (such as secured car loans); (3) costs of administration (such as our remaining attorneys' fees balance above); (4) mortgage arrears; (5) priority unsecured claims other than costs of administration; (6) special class of unsecured claims; and (7) other unsecured claims. Your Chapter 13 does NOT propose to alter this order of payments.

RATE OF PAYMENT IN YOUR PLAN: Your Chapter 13 plan proposes to pay \$ 380.00 per month for at least 36 months. This amount may change depending on various factors such objections or claims filed. The Trustee will deduct an estimated 4-9% fee on each payment you make. Under the above priority order and subject to court approval or subsequent amendments, the Trustee will pay, pursuant to confirmed plan terms, the following estimated amounts out of your monthly payment:

The Trustee will first deduct \$ 19.38 /month in fees, then the Trustee will pay creditors and attorney fees as follows:

- 1. Before Confirmation: \$360.62/month to Geraci Law L.L.C.
- 2. After Confirmation: \$74.39/month to PERSONAL FINANCE/Marin for the Furnace, then \$286.23/month to Geraci Law L.L.C.
- 3. After our fees are paid off and PERSONAL FINANCE/Marin receives their set payment, the Trustee pays other allowed unsecured claims pro rata from funds available until plan payments are complete.

NOTE: PERSONAL FINANCE/Marin will be paid an estimated total of \$3,719.72 including 5.00% interest; through your Chapter 13

EFFECT ON YOUR CREDITORS DUE TO PRIORITY OF PAYMENTS: Our <u>attorneys' fees get paid before</u> certain creditors as outlined above. Secured creditors (other than ongoing mortgages) may not receive their contractual payments because the plan changes the interest and payment amount. If you receive a discharge, the difference will be eliminated (unless there is a liable cosigner). If your Chapter 13 case is dismissed or converted to a Chapter 7 (if eligible), or you do not receive a discharge for any other reason, the balances owed to creditors could be larger (due to interest) or not as low as they would've been had you paid the creditors directly instead of paying the Trustee.

EFFECT ON YOU DUE TO PRIORITY OF PAYMENTS: If your Chapter 13 case is dismissed or converted to a Chapter 7 (if eligible), or you do not receive a discharge for any other reason, this means that it may be more difficult or impossible to avoid repossession or foreclosure on collateral secured by loans AND may be more difficult or impossible to afford to catch up on unsecured loans (such as parking tickets which could lead to being on the boot list or cause drivers' license suspension). Examples of reasons for dismissal include but are not limited to: failure to make the required Trustee payment, failure to turn over tax refunds if required, etc.

| UNDERSTOOD & ACCEPTED BY SIGNATURE BEL      | OW:     |             |
|---|---------|-------------|
| * Dann Melonie 8/13/18                      | X       |             |
| JøAnn McKenzie Date:                        |         | Date:       |
| x 88  | 8/13/18 |             |
| Steven Camp, Attorney for Geraci Law L.L.C. | Date:   | <del></del> |

Case 18-22758 Doc 1 Filed 08/13/18 Entered 08/13/18 13:10:37 Desc Main Document Page 52 of 61

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

JoAnn McKenzie / Debtor

Bankruptcy Docket #:

Judge:

#### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 08/09/2018 /s/ JoAnn McKenzie

JoAnn McKenzie

X Date & Sign

Record # 790679 B 1D (Official Form 1, Exh.D)(12/08) Page 1 of 1

<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

In re JoAnn

Entered 08/13/18 13:10:37 Page 53 of 61

Desc Main

B 201A (Form 201A) (11/11)

#### UNITED STATES BANKRUPTCY COURT

#### NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a joint case (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly- addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

B 201A (Form 201A) (11/11) 790679 Page 1 of 2 Record #

Case 18-22758 Doc 1 Filed 08/13/18 Entered 08/13/18 13:10:37 Desc Main Document Page 54 of 61

Form B 201A, Notice to Consumer Debtor(s)

In re JoAnn McKenzie / Debtor

Page 2

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

## <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### **Chapter 11:** Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

| Dated: 08/09/2018 | /s/ JoAnn McKenzie          |  |
|-------------------|-----------------------------|--|
|                   | JoAnn McKenzie              |  |
| Dated: 08/09/2018 | /s/ Steven Scott Camp       |  |
|                   | Attorney: Steven Scott Camp |  |

## Case 18-22758 Doc 1 Filed 08/13/18 Entered 08/13/18 13:10:37 Desc Main Document Page 55 of 61

|  | JoAnn  | McKenzie   | Case Number (If kno   | own)   |
|--|--|--|---|--|
| tor 1  | First Name   | Middle Name Last Name  |   |  |
|  | Answer These Questions   | o for Reporting Purposes   |   |  |
| art 6:   | Answer These Questions hat kind of debts do  | 40. Are your dobte primarily co  | nsumer debts? Consumer debts are defin<br>narily for a personal, family, or household pu                          | ed in 11 U.S.C. § 101(8)<br>rpose."  |
| you have?  |  | No. Go to line 16b. Yes. Go to line 17.  |   |  |
|  |  | 16b. Are your debts primarily bu<br>money for a business or investm  | isiness debts? Business debts are debts the nent or through the operation of the business                         | hat you incurred to obtain<br>or investment.   |
|  |  | No. Go to line 16c. Yes. Go to line 17.  |   |  |
|  |  | 16c. State the type of debts you owe   | that are not consumer debts or business de  | bts.   |
|  | Stine under  |  | A7 Co to line 19  |  |
|  | Are you filing under<br>Chapter 7?   | No. I am not filing under Chapter  Yes, I am filing under Chapter  | To you entire that after any exempt on  | operty is excluded and   |
| ŧ  | Do you estimate that after<br>any exempt property is   |  | are paid that funds will be available to distrib  | ate to unsecured distance.   |
| i<br>:   | excluded and<br>administrative expenses<br>are paid that funds will be<br>available for distribution | —<br>∐Yes.   |   |  |
| •  | to unsecured creditors?  | <b>1</b> 1-49  | □1,000-5,000  | 25,001-50,000  |
|  | How many creditors do<br>you estimate that you<br>owe?   | 50-99 100-199 200-999  | ☐ 5,001-10,000<br>☐ 10,001-25,000   | ☐ 50,001-100,000<br>☐ More than 100,000  |
|  | How much do you estimate your assets to be worth?  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million                         | □ \$1,000,001-\$10 million □ \$10,000,001-\$50 million □ \$50,000,001-\$100 million □ \$100,000,001-\$500 million | □\$500,000,001-\$1 billion □\$1,000,000,001-\$10 billion □\$10,000,000,001-\$50 billion □More than \$50 billion  |
| 20.  | How much do you estimate your liabilities to be?   | □ \$0-\$50,000<br>□ \$50,001-\$100,000<br>■ \$100,001-\$500,000<br>□ \$500,001-\$1 million                 | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million         | ☐\$500,000,001-\$1 billion ☐\$1,000,000,001-\$10 billion ☐\$10,000,000,001-\$50 billion ☐ More than \$50 billion |
| Pai  | 1.7: Sign Below  |  |   |  |
| For  | you  | correct.   | I declare under penalty of perjury that the inf   |  |
|  |  | of title 11, United States Code. I u under Chapter 7.  | oter 7, I am aware that I may proceed, if eligit<br>nderstand the relief available under each cha                 | apidi, dila i dilata di pida di  |
|  |  | this document, I have obtained an  | l did not pay or agree to pay someone who is<br>nd read the notice required by 11 U.S.C. § 34                     | .z(b).   |
|  |  |  | the chapter of title 11, United States Code, sment, concealing property, or obtaining mon                         |  |
|  |  | I understand making a false state<br>with a bankruptcy case can result<br>18 U.S.C. §§ 152, 1341, 1519, ar | in tines up to \$250,000, or antimornation  | up to 20 years, or both.   |
| The second secon |  | Signature of Delitor 1   | Home * sig  | mature of Debtor 2   |
| especial control of the control of t |  | Executed on : 8,1  |   | ecuted onMM / DD / YYYY  |

Case 18-22758 Doc 1 Filed 08/13/18 Entered 08/13/18 13:10:37 Desc Main Document Page 56 of 61

|                     |   |                           |                                  | •  |   |
|---------------------|---|---------------------------|----------------------------------|--|---|
|                     | formation to identify                     | None case.                |                                  |  |   |
| -ili in this in     | lotination to identity                    | ,00, 00,00                |                                  |  |   |
| Debtor 1            | JoAnn                                     |                           | McKenzie                         |  |   |
| Debtor 1            | First Name                                | Middle Name               | Lest Name                        |  |   |
| Debtor 2            |   |                           |                                  |  |   |
| (Spouse, If filing) | First Name                                | Middle Nama               | Lost Name                        |  |   |
| United States       | Bankruptcy Court for the                  | : <u>NORTHERN</u> Distric | ot of <u>ILLINOIS</u><br>(State) |  |   |
| Case Numbe          | <b>r</b>                                  |                           | (State)                          |  | Check if this is an                                     |
| (if known)          |   |                           |                                  |  | amended filing  |
|                     |   |                           |                                  |  |   |
| fficial F           | orm 106 Dec                               | <u>2</u>                  |                                  |  |   |
|                     |   |                           | l Debtor's Sched                 | iules                                      | 12/1  |
| eciara              | tion About                                | an mairiada               | . 202301                         |  |   |
| Did you pa          | ay or agree to pay sor                    | neone who is NOT an a     | attorney to help you fill out ba |  |   |
| Yes.                | Name of Person                            |                           |                                  | Attach Bankruptcy<br>Signature (Official I | Petition Preparer's Notice, Declaration, and Form 119). |
|                     | *   |                           |                                  |  |   |
|                     |   |                           |                                  |  |   |
|                     |   |                           |                                  |  |   |
|                     |   |                           |                                  |  |   |
| Under per           | nalty of perjury, I dec                   | lare that I have read the | e summary and schedules file     | d with this declaration and t              | that they are true and                                  |
| ••••                |   |                           |                                  |  |   |
|                     |   | 20 11                     | t                                |  |   |
| Signa               | QNN/I<br>ture of Debtor 1                 | nekomze                   | Signature of De                  | ∍btor 2                                    | _   |
| Signa               | 2001/10/10/10/10/10/10/10/10/10/10/10/10/ | Nekomze                   | Date                             |  |   |
| Signa               | EMA / DD / YYYY                           | Nekomz                    | Date                             | ebtor 2                                    |   |

## Case 18-22758 Doc 1 Filed 08/13/18 Entered 08/13/18 13:10:37 Desc Main Document Page 57 of 61

|  | le Ann   |                      | McKenzie                          | Case Number (if known)   |  |
|--|--|----------------------|-----------------------------------|--|--|
| ebtor 1  | JoAnn<br>First Name  | Middle Name          | Last Name                         |  |  |
| ins  | thin 2 years before stitutions, creditors  No.   | s, or other parties. | ) you give a financial statemen   | t to anyone about your business? Include all financial   |  |
| _  | Tes. Fill III ale dec  | Date £               | sued                              |  |  |
| Part 1   |  | 1774 2 100 00000     |                                   |  |  |
| ans in c   | ewers are true and deconnection with a bus.c. §§ 152, 1341  Signature of Deb                                 | ftor 1  // 2018      | filmes up to \$250,000, or impris | ts, and I declare under penalty of perjury that the ling property, or obtaining money or property by fraud comment for up to 20 years, or both.  of Debtor 2 |  |
| Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  |  |                      |                                   |  |  |
| 1 -  | ■ No □ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? |                      |                                   |  |  |
| THE PROPERTY OF THE PROPERTY O | No<br>Yes. Name of pe  | erson                |                                   | Attach the Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119).   |  |

## DISCLAIMER Deptors have read and agree:

- Divorce or family support debts to a spouse, ex-spouse, child, guardian ad litem or similar person or entity in connection with a separation agreement, divorce decree or court order are not dischargable. Priority support debts must be paid in full in your Chapter 13 or it cannot be confirmed. DEBTS YOU AGREED TO ASSUME IN MARITAL SETTLEMENT AGREEMENTS are NON-DISCHARGEABLE if your ex-spouse files an adversary complaint, and the Judge rules that (a) you do not have the ability to pay the debt OR (b) discharging such debt would result in a benefit to you that outweighs the detriment to ex-spouse or your child. You agree to get advice in writing from your divorce attorney and send to us with copy of agreement. You must list any ex-spouse or spouse as a creditor. No guarantee any divorce debt is dischargeable. Property you are still on title to, or have a right to in a divorce, may be taken by a Bankruptcy trustee in a Chapter 7 and sold, or may be disposable income in a 13.
- Student loans and educational benefits are not discharged in Chapter 7 or 13 if government insured loan or owed to non-profit school unless you pay us to file a complaint within the bankruptcy to prove repayment would be an "undue hardship", and win. Interest on student loans continue to run while you are in a Chapter 13.
- Cosigners, joint applicants, debts of persons other than debtor, debts incurred during marriage in community property states, or for family support are not discharged and joint, community or co-signers are not protected from collection unless you pay 100% of the debt. Creditors can collect from co-signors and put your bankruptcy on their credit report, and report them negatively to credit bureaus. You may prevent this by making the regular payments to the creditor. Creditors can liquidate collateral of your co-signer and refuse to continue payment in installments. Property you are joint on with other persons can be LIQUIDATED to pay your creditors.
- 4. TAX DEBTS. Most taxes are not discharged in bankruptcy. However, income tax debt (1040 type tax) can be discharged if the following four rules are met: (1). The tax return was DUE at least 3 YEARS (plus extensions) before the filing of your bankruptcy case. (2). You FILED your income tax return at least 2 YEARS before your bankruptcy was filed. (You did not file a return if the tax authority or IRS had to file one for you, or if you didn't send the return to the District Director) (3). You did not wilfully intend to evade the tax. (4). The tax must have been ASSESSED over 240 DAYS before the bankruptcy filing. We recommend you meet with the IRS or state department of revenue to make sure all the conditions have been met, before you hire us or file a bankruptcy. Fraudulent taxes and taxes on unfiled returns can be discharged in a Chapter 13 case. Time in an offers in compromise, & time in bankruptcy plus 6 months, will extend the above time periods. Employers' share of FICA & FUTA is dischargeable, but not trust fund taxes like the employee's funds or sales tax.
- 5. Fines, traffic tickets, parking tickets, penalties to governmental unit are not discharged in Chapter 7, may not be discharged in 13 without full payment.
- 6. Non filing spouse: If you file individually, your spouse is not our client. Only your debts are discharged. If you want to protect a non-filing spouse, pay their bills or file a joint case with them. Family expenses (medical bills, rent and necessities may be collected from a non-filing spouse). Wisconsin, community property is liable for community debts. 7. DUI PERSONAL INJURIES, DEBTS YOU DON'T LIST are not discharged.
- 8. DEBTS where creditors successfully object to discharge may survive Creditors, the Trustee, or Court, can try to deny discharge based on many factors,
- a. Income sufficient to pay a percentage of your unsecured debt. b. Failure to keep books and records documenting your financial affairs. c. Luxury purchases or cash advances within 60 days of filing or without intent or ability to repay. d. Debts you made by false pretenses, breach of fiduciary duty, wilful and malicious injuries to others e. Benefit overpayments like aid or unemployment if a determination of fraud has been made before or during bankruptcy. f. Failure to appear at meetings, court dates, or co-operate with the Trustee.
- 9. INTEREST ON NON-DISCHARGEABLE DEBTS in a Chapter 13 continues to accrue, and CREDITORS WHO DO NOT FILE CLAIMS in your Chapter 13 plan within 90 days (180 days for governmental units) of the meeting of creditors, do not get paid. Your plan and their claim should provide for interest at contract rate, or you will have to pay the debt outside the Chapter 13 plan. Property taxes must be paid by you directly to avoid sale for delinquent taxes.
- 10. LIQUIDATION OF REAL AND PERSONAL PROPERTY. If you file a Chapter 7, any property that is not listed and claimed exempt on Schedule C pursuant to state or federal law is taken and sold by the trustee to pay creditors. You agree to assume the risk that your property will be taken and sold by the bankruptcy trustee (at or less than what it is worth) if we can't protect it under applicable state law. You get a discharge, but the trustee can take property not listed and exempted on schedules B and C and sell it for whatever price will provide some benefit to creditors.
- 11. CHANGE IN LAWS. Laws & court cases change constantly. We can file your case today if you pay us in full (some attorneys give credit, we don't) pay the filing fee and sign your petition in our main office. ANY DELAY either in hiring us, or after, IS YOUR REPSONSIBILITY. ADVERSE RULINGS Judges that sit in adjoining courtrooms can rule differently on the same facts. We can predict but can't guarantee a judge will or will not rule against you. You accept the risk of a
- 12. PAYMENTS TO CREDITORS YOU PREFERRED to pay more than \$600 in front of others, within 1 yr if a relative or insider, or within 90 days if another creditor, so don't pay off debts to keep credit cards or protect others. TRANSFERS OF PROPERTY within 4 years that made you unable to pay your debts at the time can be reversed by a Trustee and the transferee will have to give back the property you transferred.
- 13. SURRENDER OF PROPERTY Bankruptcy gets rid of debts, but real estate, condos and time shares remain in your name until a foreclosure sale or the lender accepts a deed in lieu of foreclosure. Turn condo keys over to condo association or remain liable for assessments after filing, and make sure you keep buildings & land insured and maintained and secured until it is taken back by lender or out of your name. If you let a house go vacant and pipes explode or someone gets
- 14. RIGHT TO RECEIVE inheritances, tax refunds, injury claims, compensation of any kind, insurance or realty commissions, are property of the bankruptcy estate and you will surrender these to the trustee unless they are claimed exempt on Schedule C, and no objection to your claim of exemption is upheld. Do not deduct extra money from taxes so you are entitled to a refund, change your W-9 if necessary.
- 15. JOINT ACCOUNT HOLDERS holders entire amount in the account could be taken by the trustee under Chapter 7.
- 16. MARRIED COUPLES GOING THROUGH DIVORCE: We have been advised to seek independent counsel for our bankruptcy. We understand that Peter Francis Geraci does not represent us with regard to any divorce matters and does not make any representations regarding what will happen in divorce court. We have decided to file a bankruptcy together dispite the fact that we are getting a divorce and our interests could be adverse. We have agreed to cooperate with each
- 17. AUTO LEASES & INSTALLMENT AGREEMENTS to purchase things, leases and almost all contracts will be void after bankruptcy. They are "executory contracts", and if they are of no benefit to the bankruptcy estate and not assumed within 60 days of filing, they are void. Debtors have been warned of this, and unless there is a novation under state law, or agreement not to use bankrptcy to void the contract, the debtors rights under the contract are extinguished. Debtor agrees to be responsible for obtaining such agreements or losing rights under such contracts. Debtor agrees that his or her attorney will not file motions to assume
- 18. Setoffs if you have money in a credit union or creditor account, or other loans that cross-collateralized, any money or property may be taken for both loans. The Undersigned have read the above & assume the risk that a debt is not discharged in bankruptcy, that our non-exempt property will be taken and sold by the bankruptcy trustee if it can't be protected, that the trustee might object if I/we have excess income, or change in State, Federal or Bankruptcy laws before the case

is filed in Court AND WE HAVE TO READ, CHECK, & MAKE SURE OUR PETITION S ACCURATE HILL X Date & Sign /2018

Case 18-22758 Doc 1 Filed 08/13/18 Entered 08/13/18 13:10:37 Desc Main Document Page 59 of 61

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

1.....

JoAnn McKenzie / Debtor

Bankruptcy Docket #:

Judge:

### VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.



Dated: 8 /1 /2018

JoAnn McKenzie

X Date & Sign

<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

Case 18-22758 Doc 1 Filed 08/13/18 Entered 08/13/18 13:10:37 Desc Main Document Page 60 of 61

Part 4:

Sign Below

sy signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

Date: 8 / 1 /2018

If you checked line 17a, do NOT fill out or file Form 122C-2.

JoAnn McKenzie

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

## Case 18-22758 Doc 1 Filed 08/13/18 Entered 08/13/18 13:10:37 Desc Main Document Page 61 of 61

Form B 201A, Notice to Consumer Debtor(s)

In re JoAnn McKenzie / Debtor

Page 2

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

# <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

## Chapter 11: Reorganization (\$1,167 filling fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

## Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

## 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

Dated: 8 /1\_\_/2018

JoAnn McKenzie

X Date & Sign

Dated: 8 / 7 /2018

Attorney: Steven Scott Camp